NCUE

County Council of the County of Lanark

EDUCATION COMMITTEE

TWENTY-THIRD ANNUAL REPORT

ON THE

MEDICAL INSPECTION,
SUPERVISION, AND TREATMENT
OF SCHOOL CHILDREN



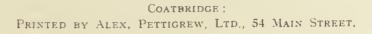
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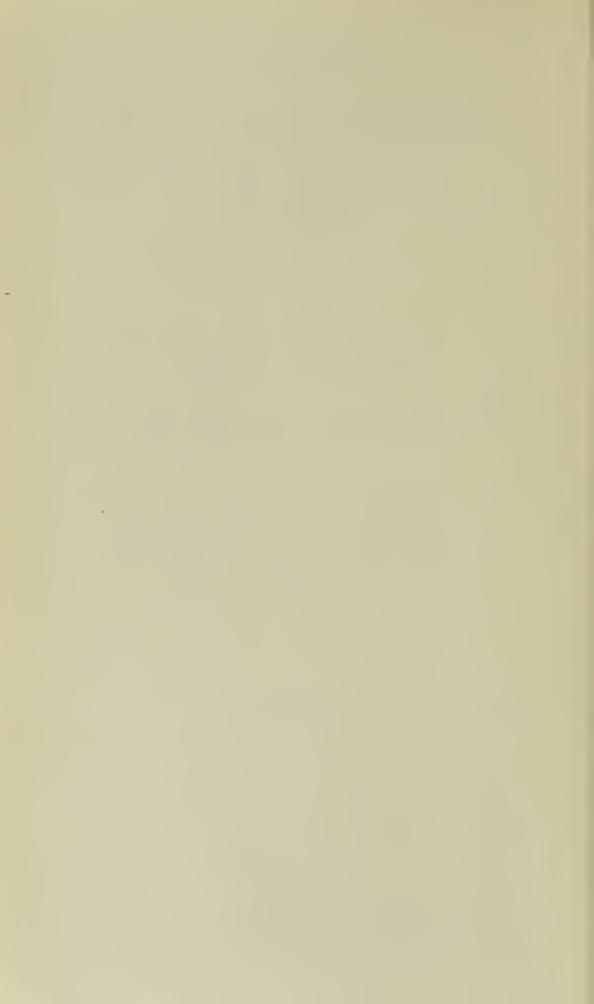
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1931-32.





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TO THE CHAIRMAN AND MEMBERS OF THE EDUCATION COMMITTEE OF THE COUNTY OF LANARK.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I beg to submit the Twenty-Third Annual Report on the Medical Inspection, Supervision, and Treatment of School Children in the County of Lanark for the year ended 31st July, 1932. This report is prepared in accordance with the Memorandum on School Health Administration issued by the Department of Health for Scotland.

I am, Your obedient Servant,

> JOHN MACINTYRE, Executive School Medical Officer.

School Medical Inspection Offices, 3 Clydesdale Street, Hamilton, October, 1932.

STAFF.

Executive School Medical Officer-JOHN MACINTYRE, M.B., Ch B, D.PH

Assistant School Medical Officers.

ANN K. CORMACK, M.B., Ch.B.
ISABEL C. DARLING, M.B., Ch.B., D.P.H.
IAN C. MACKENZIE, L.R.C.P. & S. Ed., D.P.H.
*ANDREW G. REEKIE, M.B., Ch.B., D.P.H.
JOHN YOUNG, L.R.C.P.' & S. Ed., D.P.H.

Dental Surgeons.

R. JARDINE BEATTIE, L.D.S. WILLIAM KERR, L.D.S. ALEXANDER RAE, L.D.S. ANDREW C. F. RANKIN, L.D.S. ARCHIBALD W. M. WATSON, L.D.S. ELIZABETH WATSON, L.D.S.

Part-Time Ophthalmic Surgeons.

H. SOMERVILLE MARTYN, M.A., M.B., Ch.B. JOHN A. MORTIMER, M.D., M.R.C.P.E. ERNEST THOMSON, M.A., M.D., F.R.F.P.S.G. JAMES R. WATSON, M.A., B.Sc., M.D., D.P.H. JAMES A. WILSON, M.D., D.P.H.

Part-Time Ear, Nose, and Throat Specialist.

JAMES ADAM, M.A., M.D., F.R.F.P.S.G.

Nurses.

†HELEN S. BERTRAM.
MARY M. BENNETT.
MARTHA M. CHISLETT.
ISOBEL T. COCHRAN.
ANNIE DOBIE.
ANNIE N. DOUGLAS.
FLORENCE D. FLEMING.
JEAN HANNAH.
AMY S. T. HISLOP.
AGNES L. D. MILLER.
MARJORY K. M'DOUGALL.

ISABEL MACKINNON.

‡FRANCES M'KEE.

MARJORY F. MACGILLIVRAY.
HELEN PARK.
MYRA E. SMITH.
MARGARET C. R. SUTTER.
ISABEL TAYLOR.
GEORGINA WALLACE.
MARY A. YATES.

§MAY B. B. YOUNG.

Clerical Staff.

Chief Clerk—ROBERT A. M'ROBBIE.

JOHN PORTER. IIELEN S. STEVEN.
SARAH M. B. CLARK. JEAN B. THOMSON.

^{*} Resigned 15th June, 1932.

[‡] Resigned 15th March, 1932.

[†] Appointed 1st September, 1931. § Resigned 1st September, 1931.

SCHEME OF MEDICAL INSPECTION, SUPERVISION AND TREATMENT

I.

LIST OF STAFF.

The personnel of the Medical Inspection, Treatment, and Nursing Staffs is as detailed on page 6 of this Report. On 16th June, 1932, Dr. Andrew G. Reekie joined the Public Health Service of the County, the vacancy thus caused being filled by the appointment of Dr. Janet Cunningham who is due to commence duty in the School Medical Service on August 16th, 1932.

II.

(a)	Number of Schools in the whole Education	nal	Area :
	Primary,		223
	Secondary,		21
	Special Schools or Classes,	• •	11
(b)	Number of Children on Register,		100,260
,	Number of Children in Average Attendance		

During the year under review the following new schools and additions to existing schools were completed:—St. Patrick's R.C. Central, Coatbridge, with a recognised accommodation for 1,670 advanced division and primary pupils; Dalton Special School, with a recognised accommodation for 230 pupils; an annexe to Dalziel High School; temporary hutment accommodation at Glencairn Public School to accommodate pupils from Hamilton Street Public School, Motherwell. In addition to the foregoing, a considerable amount of renovation work and minor alterations to existing schools were carried out.

III.

NUMBER OF VISITS TO SCHOOLS FOR SYSTEMATIC EXAMINATION IN ACCORDANCE WITH SCHEME OF INSPECTION.

During the session 1931-32 the School Medical Officers paid 1,171 visits to schools in connection with the routine examination of the pupils. As in former years the groups of children examined at these visits were:—(1) Entrants, 5-6 years old; (2) Intermediates, 9 years old; (3) Seniors, 12 years old; (4) Secondary Pupils, 16 years old; and (5) Special Cases.

IV.

NUMBER OF SPECIAL VISITS BY THE SCHOOL MEDICAL OFFICERS.

Following upon the routine examination of the various age groups of children mentioned in the preceding paragraph a regular and systematic course of revisiting of all schools was, as formerly, undertaken, this being an essential part of the scheme of school health administration. The main object of these visits which, unlike the visits for routine inspection, are unannounced beforehand, are:—

- 1. To re-examine all children who at the routine inspection were found to be suffering from some condition or disability requiring attention.
- 2. To examine "age group" pupils who were absent at the time of the routine inspection.
- 3. To examine any special cases which may arise in the intervals of the school medical officers' visits.

In addition to these visits of supervision many visits were made by the medical officers to examine children for whom application had been made for food, clothing or boots, for certificates to engage in part-time employment, etc., and to examine and report on absentee children and invalid children for whom special educational facilities might be required. The total number of such special visits amounted to 824.

The number of children actually examined at these revisits during the year was 22,532. For the number of children examined under the various categories—malnutrition, clothing, employment, absentees, etc.,—see summary on pages 16 and 17 of this Report.

V.

SANITARY CONDITION OF SCHOOLS.

The sanitary condition of the schools in the whole area continues to be satisfactory. The continuance of dry earth closets in some of the more remote rural schools is, meantime, unavoidable owing to the absence of a water carriage system in the neighbourhood. The regular daily cleaning of the schools and periodic cleaning of windows and floor scrubbing are satisfactorily carried out. Commenting on the sanitary arrangements of the schools in his area, Mr. Park, Sanitary Inspector for Rutherglen, states in his Report for 1931: "I should like it to be known that every school in Rutherglen is maintained in a thoroughly clean and sanitary condition. Visits are frequent and headmasters, janitors and attendance officers have at all times been only too anxious to safeguard the interest of their charges."

VI.

(A) ORGANISATION AND ADMINISTRATION.

This is in accordance with the scheme submitted to the Department of Health for Scotland,

(B) SCHOOL NURSES.

1. Number on Staff.

The total number of nurses on the staff is 20. These are allocated as follows:—For medical inspection and supervision, 7; for treatment, 13. This number is the same as last year.

2. Duties in School.

For detailed account of the duties of the nursing staff engaged in school medical inspection and treatment see Report for year 1929-30.

3. Duties in Visiting.

For details regarding these duties see Report for year 1929-30. The number of home visits paid during the past year amounted to 822.

(C) ARRANGEMENTS FOR "FOLLOWING UP."

A full account of the arrangements in force for the "following up" of cases requiring attention was given in the Report for the year 1929-30.

(D) SUPERVISION OF INFECTIOUS DISEASE, INCLUDING SCHOOL CLOSURE.

The practice of keeping the various public health authorities fully informed of the presence of infectious or contagious disease discovered in school, whether such disease is compulsorily notifiable or not, continues to be regularly carried out. Immediate exclusion from school of all cases of infectious or contagious disease is strictly insisted upon and no child so excluded should be re-admitted to school by the head teacher unless certified free from infection by the public health authority, family doctor, or school medical officer.

During the spring months of this year there was a considerable outbreak of measles, influenza, and diphtheria affecting the five large Burghs and the County area, but it was not found necessary to close down any of the schools. Attendance, especially in the Infant departments of the schools, was for a time seriously disturbed and work at the dental and visual clinics was adversely affected. There was a rather troublesome outbreak of epidemic conjunctivitis in Airdrie Burgh and in the Newton district of Cambuslang in the early part of this year. The children affected were treated at the minor ailments clinics and what might have developed into a widespread epidemic was speedily controlled. The usual precautions of excluding the affected children and for the safeguarding of the pupils at school were taken.

The County Bacteriologist (Dr. Gow Brown) examined and reported on all specimens (swabs, sputum, hair, etc.) submitted to him by the school medical staff. In all, 52 such reports were received.

(E) CO-ORDINATION WITH PUBLIC HEALTH SERVICES.

The close co-operation which has been in force for many years between the school medical service and the public health and sanitary services in the whole educational area still continues to be observed. Special disinfection of schools or of certain departments of schools was undertaken by the sanitary officials whenever a request for such measures was made.

(F) PRESENCE OF PARENTS AT INSPECTION AND TREATMENT CENTRES.

The increasing attendance of parents at the various treatment clinics—visual, dental, and minor ailments—is one of the gratifying features of the Committee's scheme of after treatment and is a clear indication of the interest taken by the great majority of mothers in the health of their children. Not only do these parents attend at the first treatment but even when this is of a rather prolonged character, as in the case of certain skin diseases, the mothers attend at frequent intervals to learn of the progress of their children and to receive further advice, if necessary, from the school medical officer. The presence of parents is encouraged by doctors and dentists alike and every endeavour is made to enlist the close co-operation of the mothers not only in the carrying out of the treatment prescribed but also in regard to the prevention of recurrence of the ailment.

At the routine medical inspection the attendance of parents is not so satisfactory and is principally confined to the examination of the infant and junior groups of children. The parents now recognise that should any condition of a more serious nature be discovered by the school doctor they will be asked to attend for a special interview and the great majority are quite content to leave the decision for such an interview in the hands of the doctor. In the case of special examination of physically or mentally invalid children where the presence of the parents is particularly requested on no occasion has the parent or guardian failed to attend. The same applies to almost every case of examination for absenteeism.

(G) SPECIAL EXAMINATIONS.

(a) For Infectious or Contagious Diseases.—The actual number of cases of infectious disease discovered in school is small as children suffering from such illness are usually kept at home by their parents. In the case of contagious diseases, such as impetigo, scabies, ringworm, etc., teachers now generally exclude any suspected child and either request a clearance certificate from the family doctor before re-admitting the child or else send the child to the nearest minor ailments clinic for examination by the school medical officer. The regular visits paid by the school nurse to the schools served by a minor ailments clinic have had a very marked effect in keeping down the incidence of contagious diseases. In two of the schools in Bothwell area where scabies was reported to be present in certain of the classes special visits were made by one of the school medical

officers who examined all pupils in the classes concerned, in one school 305 pupils and in the second school 117. Any suspicious case was immediately excluded and no further complaint was received from either of the schools.

(b) Absentee Pupils.—During the session under review considerable numbers of absentee children were specially examined and reported upon to the various School Management Committees. The following are the areas from which requests for such examinations were received and the numbers of children examined:—

School Managem Committees	nent			Number of Children.
1,		 		2
2,		 		14
3,		 		33
4,		 		28
5,		 		19
6,		 		111
7,		 	• • •	31
8,	• • •	 		39
9,		 		59
10,		 		22
11,		 		148
12,		 		99
13,		 		47
14,		 		50
				702

(c) Physically Invalid Children.—Included in this category are all children who were reported to be suffering from some physical disability which prevented them attending an ordinary school and for whom, presumably, special educational facilities would require to be provided. Each case submitted was thoroughly examined and it was frequently discovered that the reported disability was either of a temporary nature or was trifling in character. Such cases were considered fit for ordinary school attendance. On the other hand, many children were discovered whose physical condition was such that it was quite impossible for them to attend an ordinary school without serious menace to their health and special education was, consequently, advised. Unfortunately, there is always a certain percentage of the children examined whose physical unfitness is so pronounced that attendance, even at a special school, is impossible. Such cases as extreme paralysis, severe heart affection, chronic epilepsy where seizures are frequent and violent, etc., come into the latter category.

Many of the children examined suffered from such a degree of impairment of sight or hearing that attendance at school would have been a waste of time both for child and teacher. Such children were placed before the Committee's ophthalmic surgeons or the ear, nose, and throat specialists for special examination and

report and with a view to treatment being given which might result in the children being able to attend an ordinary school or, perhaps, a special school.

Frequently, children may be classified as temporarily physically invalid and after a period of special education may become normal children quite fit for ordinary school attendance. Take, for example, such cases as debility following whooping cough, pneumonia, scarlet fever, etc., threatened progressive myopia, heart disturbance, glandular disease, anæmia, and so on, as well as many cases where no definite disease is discoverable but where the children are, obviously, not strong or robust.

As time goes on an increasing number of parents attend with their children at the school medical inspection offices, most of them by appointment but many of them without an appointment, having been sent by their family doctor and by head teachers or attendance officers for examination and report as to the educational prospects of the children and, frequently, for treatment being arranged. It should be understood that casual visits should not be made but in every case a definite appointment arranged. This would obviate disappointment on the part of parents, especially those who have come from a distance, seeking an interview only to find that the medical officer is engaged in some other part of the educational area. During the past session 85 physically invalid children were examined by the Executive School Medical Officer at his office, 9 deaf, mute, or deaf-mute children, 16 mentally defective children, 2 blind children, 9 absentee cases, 13 members of the Committee's staff, and 2 adult blind persons. In addition, a large number of interviews took place with parents, chiefly regarding the educational prospects and future employment of their children. In 66 instances the Executive Medical Officer personally visited the homes to examine children whose mental or physical disablement, or both, prevented their attendance at the nearest examining centre.

The total number of physically invalid children examined during the year by the school medical staff amounted to 467. This number includes 5 blind children, 9 deaf, mute, or deaf-mute children, and 9 cases of high myopia.

(d) Mentally Invalid Children.—During the session 94 children were submitted for special examination as to their fitness to profit from education either at an ordinary or at a special school. These cases were generally reported by the Committee's school staffs but in a considerable number of instances they were sent by the family doctor. The increasing number submitted from this latter source is a most encouraging feature as, for many years, the private practitioner did not take advantage of the facilities for obtaining expert advice when the educability of a child patient was in question. Formerly, the family doctor was far too optimistic when mental unfitness, often of a most pronounced character, was found to be present in a child and hopes which in no way could be fulfilled were held out to the parents for the ultimate recovery to normality if only the child were placed in an ordinary school or a

special school. (The latter alternative was frequently grudgingly put forward). The high hopes of the parent had often to be shattered when the child came before the school medical officer or after a trial in a special school. The criterion of "educability" frequently differed widely in the case of the private practitioner and the school medical officer and this was probably the cause of conflicting opinions. The parents of mentally unfit children. are now not nearly so often buoyed up with the promise of a marvellous change in their offspring at seven years, or, if no improvement is then observed, at fourteen years of age. The prophets of the septimal miracle are disappearing although there are still a few who cling tenaciously to what can only be described as fantastic, unwarranted either by theory or medical experience. And is it not only just, both to parents and patient, that the fact of a child's mental unfitness should be courageously faced and the future of the child determined at as early a date as possible? It is not a pleasant experience, at any time, for the school medical officer to have to tell a parent that her child's mental condition is abnormal and that the future holds little, if any, prospect of betterment but it makes the interview infinitely more difficult and distressing when it comes as a complete disillusioning of a parent who has been led to expect a very hopeful prognosis. How much better it would be for all concerned were the family doctor, if he has doubts regarding a child's mental fitness, to give some indication of these to the parents as soon as the doubts take definite shape. He is in a highly privileged position both as physician and also as family confidant and his words carry a weight not attained by any other member of the community. In any dubious case would it not be well to refer the question of the future educational outlook to the school medical officer whose opinion in such matters might be worth considering? This could easily be done without loss of professional prestige.

As has been said in previous reports, the diagnosis of idiocy and imbecility is a comparatively easy matter but the determination of feeble-mindedness, especially of the higher grade types, frequently presents a difficult problem. The child who is mentally retarded to the extent of two years—that is to say, his intelligence is two years behind what is normally found in children of his own age—rarely bridges that hiatus unless the retardation can be attributed to purely physical causes. In fact, with the advance of years this gap definitely tends to widen. The ratio of his mental age to his chronological age is not a fixed ratio, a fact that is not yet quite appreciated even by some teachers and still less by most laymen. The mere fact of placing a mentally defective child in a special school and giving him appropriate education is not going to convert an abnormal into a normal child. That is a point which should be clearly understood. One cannot add in this way to a child's original mental equipment but what can be done is to make the most of the impaired equipment by special training. The very word "education" is self-explanatory, a leading out or development of the mental powers originally possessed by the child. Although the special school cannot add to the child's original mental makeup, yet, within the necessarily restricted limits, remarkable results are achieved. Failures there are in many cases but successes are by far the commoner experience. But to achieve any degree of success the pupils must have a sufficiency of intelligence to be able to respond to the educational stimulus and, consequently, it is useless to place in a special school children whose intelligence is of such a low order that response is impossible.

Of the 94 children specially examined for mental disability 58 were found to have such a low degree of intelligence as to render them uneducable. All such cases were reported to the General Board of Control and to the Public Assistance Officers concerned. Included in this group of children are certain cases who, after a generous trial—usually, over generous—at one or other of the special classes, were found to be either unable to profit by the instruction given or who had, otherwise, become unsuitable for further attendance.

(e) Visits to Special Classes.—As formerly, frequent visits were paid to the special classes for physically invalid, mentally invalid, and deaf-mute children. At these visits there is a careful survey of the pupils and enquiries made regarding their educational progress from the head teacher and class teachers. It has been the practice, ever since the institution of special classes, to keep a concise record of each pupil's physical progress as well as a note of the educational advancement. In the case of the high-myope children, one of the Committee's ophthalmic surgeons examines each child twice yearly and the progress of the myopia is carefully recorded. It is very gratifying to state that, in the vast majority of these cases, the myopia becomes arrested and, in some cases, even definitely diminished.

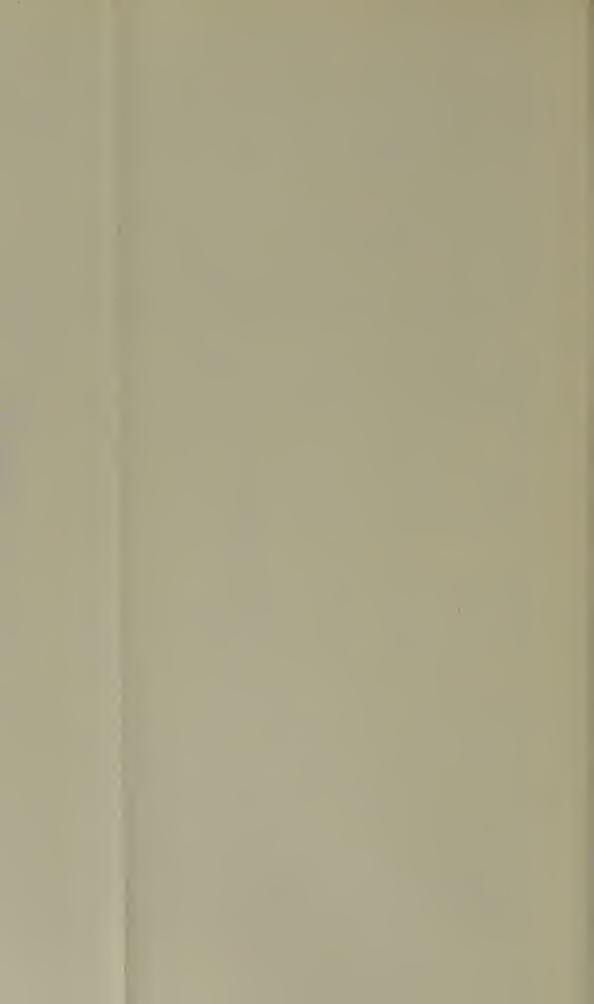
It has to be remembered that whenever any pupil in attendance at the classes for physically invalid children is considered by the school medical officer to be able to resume ordinary school attendance without detriment to his health the child is forthwith transferred to an ordinary school. It is very satisfactory to note that during the past session no fewer than 115 children were able to leave the special schools to resume attendance at their former school.

(f) Employment of Children Act.—During the past session 537 applicants for licence to engage in part-time employment were examined by the school medical officers and of this number 529 were certified as suitable to receive a licence. The greater number of the applications was for permission to engage in the delivery of milk and newspapers. There has been a gradual diminution during the past few years of the number of children of school age desiring a part-time employment licence and this may be accounted for by the fact that, as regards milk delivery, the ever increasing trade in bottled milk does away, to a large extent, with the necessity for early morning and evening delivery. Again, as regards newspaper delivery, owing to the difficulty of obtaining employment many boys on leaving school at the age of 14 engage in this work when, in more prosperous times, they would have become apprenticed to a trade.

Bye-Laws under the Employment of Children Act, 1903, and Education (Scotland) Act, 1918

STATEMENT SHOWING NUMBER OF CHILDREN EXAMINED, NUMBER OF CERTIFICATES GRANTED OR REFUSED, AND NATURE OF EMPLOYMENT.

	No. of	Certif	icates.	NATURE OF EMPLOYMENT.			
SCHOOL MANAGEMENT COMMITTEES.	Children Examined.	Granted.	Refused.	Milk Carrier.	Delivering Newspapers	Delivering Messages.	Lather Boy.
Number 1 ,, 2 ,, 3 ,, 4 ,, 5 ,, 6 ,, 7 ,, 8 ,, 9 ,, 10 ,, 11 ,, 12 ,, 13 ,, 14	9 -23 24 33 72 13 74 54 18 68 26 51 72	9 -23 23 23 30 72 13 73 54 18 67 25 51 71	- - 1 3 - 1 - 1 1 - 1	2 8 1 36 4 43 33 11 44 9 21 50	1 19 14 21 25 6 22 21 5 16 11 15 15	8 -2 1 7 11 3 8 - 2 5 4 15 3	- - - 1 - - - 2 1 - 3



The accompanying table shows in detail the number of applications received for employment licence, the number granted and refused, and the nature of the employment in which the applicants desired to engage.

- (g) Blind Persons Act, 1920.—In accordance with the provisions of the Act, the Executive School Medical Officer examined and reported upon 2 applicants for vocational training during the year under review.
- (h) Members of Education Committee's Staff.—During the course of the year 13 members of the Committee's teaching staff and applicants for the post of attendance officer or janitor were examined and reported upon by the Executive School Medical Officer.
- (i) Examinations of Necessitous Children.—The number of children specially examined by the school medical staff during the year in connection with applications for the supply of boots, clothing, or food amounted to 286.

VH.

THE PHYSICAL CONDITION OF THE SCHOOL CHILDREN.

(A) TOTAL NUMBER OF CHILDREN EXAMINED.

(a)) At	Syste	ematic	Exam	inations	; :
-----	------	-------	--------	------	----------	-----

(a) At Systematic Examination	s:			
	1931	1-32.	193	30-31.
	Boys.	Girls.	Boys.	Girls.
Entrants (6 years old),	5,130	5,057	5,119	5,123
Intermediates (9 years old),	5,084			5,615
Seniors (12 years old),	4,894		4,859	
Secondary Pupils (16 years	.,	,	.,	, , , , , ,
and over),	515	301	366	309
,,				
	15,623	15,220	15,893	15,690
Total,	30,	843	31,3	583
(b) Special Cases (non-routine),	5,	321	5,6	646
Grand Total,	36	164	37,2	20
chand Total,		===	===	-
(c) Pupils examined at Re-visits				
Number examined at 1st Re-vi	isit, 7,	921	8,3	508
,, ,, 2nd ,,	7,	226	7,5	584
,, ,, 3rd ,,		492		370
,, ,, 4th ,,		924		205
,, ,, 5th ,,		22		_
	20,	585	22,1	.67
				
(d) Examination of Students i	n Prelim	inary Tr	aining-	
(.,,			1931-32.	1930-31.
During Training (1st, 2nd and	d 3rd vea		94	189
2 41 118 2 141 111 11 11 11 11 11 11 11 11 11 11 1		,,		
(e) Examination of Physically a	nd Mont	ally		
Invalid Children in at				
Special Classes—	tendance			
·				20.0
ž ž			673	606
2. Mentally Invalid,			259	253
(f) Special Examination of Physical Children		and		
Mentally Invalid Childre	:11			
1. Physically Invalid,	* * *		467	566
2. Mentally Invalid,			94	128

		1930-31.
(g) Special Examination of Irregular Attenders- Number Examined,	141	193
(h) Examination of Children under Employment of Children Act (1903)— Number Examined,	537	769
(i) Examination of Adult Blind Persons (Blind Persons Act, 1920),	2	6
(j) Examination of members of the Education Committee's Staff,	13	9
(k) Examination of Necessitous Children (Malnutrition Boots, etc.),	286	252
SUMMARY OF CHILDREN DEALT WI SCHEME OF TREATMEN		CR THE
1. De tel Treature t	1931-32.	1930-31.
1. Dental Treatment— Number of Children Dentally Examined, Number of Children Notified, Number of Children Dentally Treated,	70,268 47,443 22,229	68,351 45,580 20,432
2. Visual Treatment—		
Number of Children Treated by the Ophthalmic Surgeons, Number of Children Re-examined by	3,171	3,642
the Ophthalmic Surgeons,	4,947	4,276
Number of Attendances at the Ophthalmic Clinics,	8,118	7,918
3. Ear, Nose and Throat Treatment—		
Number of Children Treated by Nose and Throat Specialists,	356	291
Number of Attendances at Treatment Centres,	1,066	1,018
4. Treatment of Minor Ailments— Number of Children Treated, Number of Attendances made,	9,138 73,225	9,089 72,663
5. Clinics attached to Special Schools— Number of Attendances made,	23,789	20,405

(B) NUMBER OF CHILDREN NOTIFIED TO PARENTS AS SUFFERING FROM DISABILITIES.

The total number of children notified to parents on aecount of some disability discovered during the course of medical examination at sehool amounted this year to 11,095 and the total number of disabilities discovered, exclusive of dental defects, was 15,346. This is an appreciable reduction on the corresponding figures for last year and shows that, in spite of the prevailing industrial distress with its accompanying straitened family circumstances, the health of the school children is not deteriorating. Many of the defects noted were of a minor character although they might easily have become aggravated if left untreated.

The clothing of the children, as has been emphasised in previous reports, is, generally, a fairly accurate index of the family circumstances and the fact that, this year, there was a slight increase noted as regards insufficiency and lack of repair can be accounted for by the wide-spread unemployment which is present in practically every district of the county. In many homes a change of clothing does not exist, hence the disrepair of garments noted in a considerable number of cases. Still, in spite of hardship, the cleanliness of the children's clothes is being maintained, not at an ideal standard, perhaps, but at a level which reflects credit on the great majority of the mothers. There has also to be noted a definite improvement in the body cleanliness of the children.

The nutrition of the pupils continues to be satisfactorily maintained as evidenced by the high percentage of children found to be "average and above average" (97.4). In only .05 per cent. was the nutritional condition "bad." That there is a definite absence of excess of food being given to the children is shown by the decrease in the number of ehildren who bring a supply of bread in their pockets for the forenoon play-time snack. In more prosperous times it was a regular habit for many mothers to stand at the school gates handing out thick slices of bread and butter or jam and eups of tea at the forenoon play interval to children who in no way required it, and who, in faet, would have been much better without it. Moreover, there is not nearly the same evidence of waste food in the playgrounds so that, in one respect at least, out of evil may come some good.

Although there was a lessening of the numbers of nasal catarrh the percentages of enlarged tonsils and adenoids show no sign, meantime, of diminishing, a feature that is also noted in other parts of the country. Only markedly enlarged tonsils which were considered to be a menace to the child's health were notified to the parents but, even so, this applied to 4.85 per cent. of the routine cases examined.

The incidence of defective vision remains much the same as in former years and the percentage of bad vision seems to have become more or less stabilized. Of the routine cases examined, *i.e.*, children not specially selected because of suspected defect, 77.57 per cent. had good vision, 19.7 per cent. had fair vision, whilst 2.72 per cent. had definitely bad vision. The standard of "good" vision is the

ability to read $\frac{6}{6}$ (Snellen) with each eye separately; "fair" vision $\frac{6}{9}$ and $\frac{6}{12}$, and "bad" vision $\frac{6}{18}$ or worse, the vision of the better eye being taken. This is not a quite satisfactory test and for many years it has been the practice for the school medical officers to refer every case of loss of visual acuity, no matter how slight and even though only one eye is affected, to the ophthalmic surgeons for their consideration. Again, although a child may pass the test for "good" vision, should there be any subjective symptom present, such as headache or occasional tiredness of the eyes, the children are passed on to the eye specialists. Similarly, where there are recurrent attacks of blepharitis or conjunctivitis in children who may pass the reading tests satisfactorily, such children come before the ophthalmic surgeons and in quite a considerable number of instances errors of refraction are discovered.

As regards the number of children suffering from some form of heart disorder it is to be regretted that the percentage shows no signs of falling. In last year's report this matter was discussed at some length and the condition is of such importance that it is felt that fuller enquiry into the probable cause of the condition is warranted. Consequently, it is proposed to make as full an investigation as possible next session into the history of all cases of acquired heart disease with a view to eliciting more complete information in regard to the causation of the disability.

There has been an increase in the number of cases of scabies ("itch") in school children and this has been observed in other parts of Scotland. The fact is noted in the Report of the Department of Health for Scotland for year 1931. There is no doubt that at least one of the sources of the spread of scabies is the trafficking in second-hand clothing and bedding. Several cases of scabies have been investigated by the school medical officers through parents attending the minor ailments clinics with their children for treatment of the disease and in several instances the outbreak has definitely been traced to second-hand clothing purchased either from hawkers or from stores which make a special feature in such goods. One case, where the legs only were affected, was traced to part-worn stockings purchased from a hawker and in another case, where the family was affected, to the purchase of old bed-clothing in Glasgow. There is a very large trade in cast-off clothing, both outer and under garments, conducted in the poorer quarters of our towns and in certain mining villages and as the garments purchased look clean no precautions are usually taken to disinfect them before wearing. Washing of the clothing and a thorough ironing with a hot iron before wearing would minimise, to a large extent, the risk of contagion.

Of the various disabilities notified during the medical examination of the pupils the following are amongst the most important:—Skin diseases (impetigo, ringworm, septic sores, etc.), 1,300; external eye diseases (blepharitis, conjunctivitis, corneal ulcers, etc.), 1,104; defective vision, 3,339; squint, 746; enlarged tonsils, 1,760; adenoids, 749; ear diseases (including accumulation of wax), 560; disturbances of heart and circulation, 467; respiratory disease (bronchitis, bronchial catarrh, asthma, etc.), 178; nervous disease, 51; tuberculosis (non-pulmonary), 34.

In regard to dental defects 47,443 children were found to suffer from a more or less definite degree of unfitness. A detailed account of the dental condition of the school children is given in a subsequent section of this Report (see pages 44–49).

The following statistical Tables (D-X) show the numbers and percentages of the children who were found at routine inspection to be suffering from one or other of the disabilities mentioned (pages 21–30).

(C.) NUMBER OF CHILDREN RECEIVING ATTENTION EXCLUSIVE OF DEFECTIVE TEETH.

Of the 11,095 children notified as suffering from some disability, including conditions of uncleanliness, 7,712, or 69·5 per cent., were found on subsequent examination to be cured, improved, or under treatment. This is quite an appreciable advance on the figures for the two preceding years when the corresponding percentages were 57·8 and 68. The increase in the number of children receiving attention can, in large measure, be attributed to the increased attendances at the clinics (minor ailments, visual, and ear, nose, and throat) and to the visits of supervision paid to the schools by the nurses in charge of the clinics. As has been mentioned in previous reports cases noted as cured, improved, or under treatment are recorded only after being personally examined by one of the members of the school medical staff, no "hearsay" reports of cure being accepted. Were all such hearsay reports taken—and it is quite probable that many of them are quite genuine—the percentage of treated cases might be considerably highec.

The statistics regarding the treatment of diseases of the skin, eye, ear, nose, throat, etc., are detailed in subsequent sections of this Report, but it is sufficient here to state that no fewer than 9,138 children attended at the minor ailments clinics during the session, an increase of 49 on last year's numbers, the total attendances made being 73,225. In addition to these figures, 23,789 attendances were made at the minor ailments clinics attached to the special schools, making a grand total of 97,014 attendances.

The number of cases of visual defect attending the school ophthalmic clinics during the year is also highly satisfactory, 3,171 coming under full ophthalmic examination and 4,947 coming forward for re-examination, with a total of 8,118 attendances. This shows an increase of 200 attendances on last year's figures. A detailed account of the ophthalmic treatment of the school children will be found in pages 35–43 of this Report.

For diseases of the ear, nose and throat, 356 children were treated at Hamilton and Motherwell clinics, the number of attendances made being 1,066. This is an advance on last year's numbers when the corresponding figures were 291 and 1,018. For a detailed account of ear, nose and throat treatment undertaken during the session, see pages 50–52 of this Report.

(D) CLOTHING.

	Systematic Cases.									
Number	Insuf	ficient.	In need o	of Repair.	Dir	Number found				
Examined.	Number	Per cent.	Number	Per cent.	Number	Per cent.				
30,843	105	·34	740	2.399	1,307	4.24	165			

(E) FOOTGEAR.

	Special Cases.			
Number Examined.	Unsatisfactory.	Percentage.	Number found Unsatisfactory.	
30,843	737	2.39	20	

(F) AVERAGE HEIGHTS AND WEIGHTS. BOYS—AVERAGE HEIGHT IN INCHES.

Average age in years, 6½ County of Lanark Average, 45·1 Anthropometric Standard, 44·1 Difference, +1·0	9½ 51·5 50·7 +0·8	12½ 56·4 56·0 +0·4							
GIRLS—AVERAGE HEIGHT IN	INCHES.								
Average age in years, 6½ County of Lanark Average, 44.7 Anthropometric Standard, 43.6 Difference, +1.1	9½ 51·6 50·0 +1·6	12½ 56·6 56·8 -0·2							
BOYS—AVERAGE WEIGH	HT IN LBS.								
Average age in years, 6½ County of Lanark Average, 48.2 Anthropometric Standard, 47.0 Difference,	$ \begin{array}{c} 9\frac{1}{2} \\ 67.0 \\ 64.9 \\ +2.1 \end{array} $	12½ 78·7 79·4 —0·7							
GIRLS—AVERAGE WEIGHT IN LBS.									
Average age in years, 6½ County of Lanark Average, 46·1 Anthropometric Standard, 44·8 Difference, +1·3	9½ 61·7 59·3 +2·4	$ \begin{array}{c c} 12\frac{1}{2} \\ 80 \cdot 1 \\ 80 \cdot 2 \\ -0 \cdot 1 \end{array} $							

(G) (1) CLEANLINESS OF HEAD.

	Special Cases.				
No. Examined.	Dirty (including Nits)	Per cent.	Verminous.	Per cent.	No. found Defective.
30,843	4,367	14.15	613	1.98	739

(G) (2) CLEANLINESS OF BODY.

	Special Cases.				
No. Examined.	Dirty (including Nits)	Per cent.	Verminous.	Per cent.	No. found Defective.
30,843	2,279	7.39	387	1.25	362

(H) (1) CONDITION OF SKIN—(HEAD).

Systematic Cases.							Special Cases.		
No. Examined	Ring- worm	Per cent.	Im- petigo	Per cent.	Favus	Per cent.	Other Diseases.	Per cent.	No. found Defective.
30,843	1	.003	109	·353			126	-408	143

(H) (2) CONDITION OF SKIN—(BODY).

	Systematic Cases.							Special Cases.	
No. Examined	Ring- worm	Per cent.	Im- petigo	Per cent.	Sca- bies.	Per cent.	Other Diseases.	Per cent.	No. found Defective.
30,843	8	·026	191	-619	54	-175	811	2.63	592

(I) NUTRITION.

Systematic Cases.						Special Cases.
No.	Average a above Aver		Below Average.		Bad.	Number
Examined.	Number Per	cent. Numbe	er Per cent.	Number	Per cent.	Defective.
30,843	30,049 97	·426 777	2.519	17	.055	38

(J) TEETH.

As in former years the dental examination of all school children between the ages of 5 and 12 years, both years inclusive, was undertaken by the committee's dental surgeons, and in the case of pupils above these ages the examinations were conducted by the school medical officers. A full account of the work of the school dentists will be found in pages 44–49 of this Report. Although the response as regards school dentistry in the primary schools continues to be highly satisfactory the same cannot be said in regard to the ipupls attending the secondary schools, except in the case of one school which gave a 100 per cent. return of treatment.

(K) (a) NOSE.

Systematic Cases.							Special Cases.
No.	Cat	arrh.	Obstruction.		Other Diseases.		Number found
Examined.	Number	ber Per cent. Number Per cent. Number		Number	Per cent.	Defective.	
30,843	1,688	5.47	207	·671	99	•321	97

(K) (b) THROAT.

Special Cases.	Number	Number found Defective.		
	iseases.		Per cen	.201
	Other Diseases.		Number. Per cent. Number. Per cent. Number. Per cent. Number. Per cent.	65
		Present.	Per cent.	1.696
	ioids.	Pres	Number.	523
	Adenoids	Present.	Per cent.	4.56
Systematic Cases.		Probably	Number.	1,407
Syster		Enlarged.	Per cent.	4.85
	sils.	Markedly	Number.	1,497
	Tonsils.	Slightly Enlarged. Markedly Enlarged. Probably Present.	Per cent.	23.43
		Slightly	Number.	7,227
	Number Examined.			30,843

(K) (c) LYMPHATIC GLANDS (Submaxillary and Cervical).

Special Cases.	Number found	Defective.	7.8
	rices.	Per cent.	868.
	Cicatrices.	Number.	277
	ating.	cent. Number. Per cent. Number. Per cent. Number. Per cent.	-013
	Suppurating.	Number.	+
Cases.	Enlarged.	Per cent.	-305
Systematic Cases.	Markedly	Number.	6
	Palpably Enlarged. Markedly Enlarged.	Per cent.	7.80
	Palpably I	Number. Per	2,407
	Number Examined.		30,843

(L) EXTERNAL EYE DISEASES.

Special Cases.					.713 949
	Other Diseases.	Number. Per cent.	220		
	smus.	Per cent.	2.302		
	Strabismus.	Number.	710		
	Opacities.	Per cent.	.301		
Systematic Cases.	Corneal Opacities.	Number.	93		
System	Conjunctivitis.	Per cent.	.616		
	Conjunc	Number.	190		
	Blepharitis.	Per cent.	3.64		
	Blephá	Number.	1,124		
		Number Examined.	30,843		

(M) VISUAL ACUITY.

Special Cases.	Number found	Defective.	1,298
	ision.	Per cent.	2.7207
	Bad Vision.	Number.	562
	ision.	Per cent.	19.7038
Systematic Cases.	Fair Vision.	Number.	4,070
Syst	/ision.	Per cent.	77.5755
	Good Vision.	Number.	16,024
	Number	Examined.	*20,656

* Infant Children not included.

(N) EARS.

Special Cases.	Number found	Defective.	180
	iseases.	Per cent.	.129
	Other Diseases.	Number.	40
	Wax.	Per cent.	686.
Systematic Cases.		Number.	305
Syst	noea.	Per cent.	1.174
	Отоглюва.	Number.	362
	Number	Examined.	30,843

(O) HEARING.

Special Cases.	Number found Defective.		88
	y Deaf.	Per cent.	.119
	Markedly Deaf.	Number.	37
Systematic Cases.	Deaf.	Per cent.	.881
	Syst Slightly Deaf.	Number.	272
	Number	Examined.	30,843

(P) SPEECH.

Special Cases.	Number found	64	
	ering.	Per cent.	-305
	Stammering.	Number.	60
Systematic Cases.	Defective Articulation.	Per cent.	619
		Number.	191
	Number Examined.		30,843

(Q) MENTAL CONDITION.

Special Cases.	Dull or Backward. Mentally Defective	Number.	76
Speci	Dull or Backward	Number.	82
	Defective.	Per cent.	282.
	Mentally Defective.	Number.	87
Systematic Cases.	ackward.	Per cent.	1.079
	Dull or Backward.	Number.	333
	Number	Examined.	30,843

(R) HEART AND CIRCULATION.

Special Cases.		Number tound Defective.		199
	Ansemis		Per cent.	2.788
	Δη2,		Number.	860
	1	JOHAI.	Per cent.	1.617
		r unc	Number.	66†
ases.		Acquired.	cent. Number. Per cent. Number. Per cent. Number. Per cent.	-684
Systematic Cases.	Organic.	Acqu	Number.	211
Ś	Org	enital.		-045
		Congenital.	Number. Per	14
		Number Examined.		30,843

(S) LUNGS.

		Sy	Systematic Cases.	cases.					Special Cases.
Chro	onic Bro	Chronic Bronchitis.	Tuber	Tuberculosis.	Tuber	Tuberculosis Suspected.	Other Diseases.	iseases.	Number found
Num	Number. Per		Number.	cent. Number. Per cent. Number. Per cent. Number. Per cent.	Number.	Per cent.	Number.	Per cent.	Dalloca
36	986	3.197			ıc	-016	36	.126	76

(T) NERVOUS SYSTEM.

Special Cases.	Number found	Defective.	63
	Other Diseases.	Per cent.	.327
	Other I	Number.	101
	Infantile Paralysis.	Per cent.	.168
	Infantile	cent. Number. Per cent. Number. Per cent. Number. Per cent.	52
ases.	rea.	Per cent.	.029
Systematic Cases.	Chorea.	Number.	6
	spsy.		.036
	Epilepsy	Number. Per	11
	Number Examined.		30,843

(U) TUBERCULOSIS (NON-PULMONARY).

Special Cases.	Number	Defective.	22
	Other Forms.	Per cent.	2600-
	Other	Number. Per cent. Number. Per cent. Number. Per cent. N. mber. Per cent.	ಣ
	Skin.	Per cent.	.003
	NS.	Number.	
ic Cases.	Abdominal.	Per cent.	-039
Systematic Cases.	Abdo	Number.	12
	Bones and Joints.	Per cent.	-064
	Bones an		20
	Glandular.	Number. Per cent.	.055
	Gland	Number.	17
	Number	Examined.	30,843

(V) RICKETS.

Special Cases.	Number found	L'ORGERTAGE.	138	
	Marked.	Per cent.		
	Mar	Number.		
Systematic Cases.	ht.	Per cent.	1.08	
	Slight.	Number.	334	
	Number	Examined.	30,843	

(W) DEFORMITIES.

Special Cases.	Number found		7.5
	Acquired (Non-Rachitic).	Per cent.	.739
	Acquired (N	Number.	228
Systematic Cases.	nital.	Per cent.	.253
	Congenital.	Number.	78
	Number	Examined.	30,843

INFECTIOUS OR CONTAGIOUS DISEASE TABLE.

The following Tabular Statement shows the number of Scholars excluded from attendance at School by the School Medical Officers, the disease or cause for which exclusion was necessary, and the various Sanitary Areas in which the conditions occurred:—

SANITARY AREA.	Mumps.	Ringworm.	Scabies.	Impetigo.	Epidemic Conjunctivitis.	Other Eye Conditions.	Pulmonary Tuberculosis.	Glandular Tuberculosis.	Osseous Tuberculosis.	Abdominal Tuberculosis.	Scarlet Fever.	Measles.	Chickenpox.	Diphtheria.
COUNTY	4	23	170	138	165	27	1	6		3	_	4	15	2
BURGHS— Airdrie	2	9	37	45	30	2					1			
Diagram				45		2	_							_
Carthuidan		4	40	8	4	4	_						ì	
Hamilton	5	21	86	78	58	3		2	_				4	1
Motherwell, Wishaw	_	1	51	65	3	3					_	_	5	_
Lanark				_		_			_	_				-
Rutherglen	1	4	35	27	14	14	2	2	2	1	1		3	_
Total	12	62	419	361	274	53	3	10	3	4	2	4	28	3



(Y) OTHER DISEASES OR DEFECTS.

Although the foregoing Tables show the principal ailments found amongst school children there were, in addition, other abnormal conditions discovered which, although relatively few in number, were of the greatest importance. The total number of untabulated defects or diseases found during the routine examinations of the pupils amounted to 472, all of which were duly brought to the notice of the parents. Included in these are:—Enlargement of thyroid gland, 157; eneuresis, 17; diuresis, 9; hernia, 9; rheumatism, 10; "smoker's heart," 9; cyst, 6; nephritis, 4; thread worms, 4; sinus, 3; stomatitis, 1; fracture of arm, 1; dislocation of elbow joint, 1; cretin, 1; gastritis, 3. Debilitated children formed the great majority of the other cases notified.

VIII.

SPECIAL SCHOOLS AND CLASSES.

1. PHYSICALLY INVALID CHILDREN.

The number of schools for the education of physically invalid children is the same as last year, viz., four. These are as follows:—

- Drumpark, serving the parishes of Old and New Monkland, including the Burghs of Coatbridge and Airdrie, and the Shettleston district of Cadder Parish.
- Dalton, serving the parishes of Cambuslang and Blantyre, East Kilbride and the Burgh of Rutherglen.
- Woodburn, serving the Burgh of Hamilton and the parishes of Dalserf and Hamilton.
- Knowelop, serving the joint Burgh of Motherwell and Wishaw and the parishes of Dalziel and Cambusnethan; also the Newarthill and Carfin districts of Bothwell parish.

In addition to the foregoing, provision is made for certain children who, on account of inconvenient residence or special disability, are unable to attend the special schools being educated at the Eastpark Home for Infirm Children, Maryhill, or at the Colony of Mercy for Epileptic Children, Bridge of Weir.

The total number of physically invalid children on the roll of the Committee's special schools is 673.

Before leaving the subject of special schools it might be well to draw attention to the lack of rest-room accommodation and to the absence of a treatment clinic at Woodburn Special. Whilst the other three schools—Drumpark, Dalton and Knowetop—are excellently equipped for the treatment of minor ailments, visual and dental defects, the same cannot be said of Woodburn where the provision for such treatment is quite inadequate. Again, the absence of a suitable rest room is a serious handicap especially in the case of debilitated children and cases of heart disease where a mid-day rest is an essential part of the school routine.

2. MENTALLY INVALID CHILDREN.

Each of the four special schools has a separate department for the instruction of mentally retarded children. The total number of such children on the roll of these schools is 259. Certain children for whom attendance at the Committee's schools is not convenient are sent for education to Birkwood Institution, Lesmahagow, to St. Charles' Institution, Carstairs, or to Rosewell Institution, Midlothian.

In connection with the Committee's special schools, voluntary after-care and occupation centres have been formed and are fulfilling a very useful purpose. These centres are situated at Coatbridge, Airdrie, Hamilton, Motherwell, Wishaw, and Cambuslang. The funds necessary for the equipping and maintenance of these centres are raised by voluntary subscription. Although these centres are primarily intended for the after-care of mentally invalid children, they also admit physically invalid boys and girls who, on leaving the special schools, have been unable to find suitable employment. The usefulness of these centres is shown by the excellent handwork executed by the pupils and the ready sale of what they produce.

3. BACKWARD CHILDREN.

The education of dull or backward children still offers a rather serious problem. These children are not such as are eligible for admission to the Committee's special schools and yet in every school they constitute a definite and appreciable percentage of the pupils at all stages of scholastic work. Some of the younger backward children may later exhibit average intelligence but amongst certain pupils from eleven or twelve years onwards it would often appear that the limit of scholastic attainment has been reached. On the other hand, aptitude for hand work may be present and in such cases as much as possible of this type of work should be given. In fact, it should occupy the chief part of their curriculum for the remainder of their school years. This has been frequently emphasised by the Scottish Education Department but, in spite of this, there is still far too great a tendency on the part of many teachers to keep on trying to impart scholastic instruction to pupils who are incapable of absorbing it. One cannot but admire the dogged pertinacity of such teachers, but their heroic endeavours are as water spilled on the ground.

4. BLIND AND PARTIALLY BLIND CHILDREN.

The only centre for the education of blind or "educationally blind" children under the jurisdiction of the Education Committee is at St. Vincent's Institution, Tollcross, This serves the needs of the Roman Catholic children in the county and burghs whilst Protestant blind children are sent for education to the Royal Blind Asylum, Edinburgh.

At Drumpark, Knowetop, and Dalton Special Schools provision is made for the education of children suffering from a high degree of myopia, that is, children who not being educationally blind yet suffer from such an impairment of vision—often of a progressive character—that education at an ordinary school or by ordinary school methods is fraught with grave risk to the children's eyesight. That these sight-saving classes are having excellent results is shown from the reports of the Committee's ophthalmic surgeons under whose regular supervision the pupils are kept.

5. DEAF AND DEAF-MUTE CHILDREN.

There are two centres in the educational area for the teaching of deaf or deaf-mute children, namely, Woodburn Special School, Hamilton, and St. Vincent's Institution, Tollcross. In the former school, which is a day school, there are 34 pupils on the roll and in the latter, which is a residential school, there are 35. It has to be remembered that such schools do not only admit totally deaf or deaf-mute children but that children who are neither deaf nor mute but whose speech is so defective as to be almost inarticulate may be sent for a course of speech training. Instruction in speech training is also given at the Committee's special schools.

Deaf or deaf-mute children for whom attendance at the abovenamed schools is not convenient are sent for education either to Donaldson's Hospital, Edinburgh, or to the Royal Edinburgh Deaf and Dumb Institution. At present, there are 19 pupils being educated at these Institutions.

IX.

ARRANGEMENTS FOR PHYSICAL EDUCATION.

For a detailed account of the arrangements in force for the physical education of the pupils see Report for year 1929-30.

Χ.

ARRANGEMENTS FOR FEEDING CHILDREN.

The arrangements for the supplying of food at school have been fully dealt with in previous reports but a brief summary of these arrangements may be again given.

- 1. All children in attendance at the special schools for invalid children are provided with a forenoon snack of biscuit and milk and a two-course hot meal at mid-day. The cost to the children is 3d a day. Where the financial circumstances of the parents justify it the meals may be given free.
- 2. The Committee provides food to all those children in attendance at school who are necessitous in terms of Section 6 of the Education (Scotland) Act, 1908. The supervision of the supplying of the meals is generally left in the hands of the head teacher of the school who makes the necessary local arrangements. The number of meals provided during the year under review amounted to 120,810.

- 3. Many of the Secondary Schools have a regular buffet attached where a hot mid-day meal may be obtained.
- 4. In many of the rural schools hot soup or cocoa is provided at a nominal cost during the winter and spring months for those pupils who reside at a long distance from the school.

XI.

ARRANGEMENTS FOR MEDICAL TREATMENT.

Briefly stated, the Committee's scheme of treatment for school children comprises (a) dental treatment; (b) visual treatment; (c) treatment of diseases of ear, nose, and throat; (d) treatment of minor ailments affecting the skin, eyes, ears, nose, etc. Each of these branches of treatment is fully dealt with in subsequent sections of this Report.

In addition to the foregoing a considerable number of children attended for treatment of deformities at one or other of the public institutions in Glasgow and, especially, at the Royal Hospital for Sick Children. A number also received treatment at Stonehouse Orthopædic Hospital. During the course of the year the Committee sanctioned the provision of special boots and orthopædic appliances for 49 necessitous children at a cost of, approximately, £120.

TABLE A.—All Pupils examined at the Systematic Examination for the Year ended 31st July, 1932.

			SC	HOLAR	S EXAM	MINED	IN EAG	CH GRO	OUP.				er of ister.
SCHOOL MANAGEMENT		ants ears).	Age (9 y	Group ears).		niors rears).	Highe (16 y	r Grade years).		ected ises.	TOTAL.	*Conditions Notified.	Average Number of Scholars on Register.
COMMITTEES.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.		y Z	Averag
Number 1	64	67	82	80	51	51	7	14	34	36	486	138	1378
,, 2	142	145	123	154	143	130		-	74	53	964	278	2819
,, 3	281	252	266	268	232	230	26	16	95	87	1753	405	5281
,, 4 <u>4</u>	381	365	334	357	296	308	23	13	195	225	2497	1011	6708
., 5	227	207	243	204	174	184			125	130	1494	879	3956
., 6	689	719	716	706	621	640	49	55	389	454	5038	2451	13361
,, 7	433	398	377	402	318	313		_	152	177	2570	974	7415
,, 8	284	276	309	295	298	260	10	4	110	149	1995	800	5621
,, 9	499	522	522	516	455	437	8	2	250	276	3487	1659	9864
,, 10	277	263	290	303	300	299	32	23	131	158	2076	1024	5959
,, 11	467	473	443	427	531	495	62	33	286	271	3488	1866	9454
,, 12	424	443	432	385	441	451	84	43	243	237	3183	1396	8825
,, 13	662	665	663	685	789	773	169	81	365	376	5228	1700	14427
, 14	300	262	284	272	245	237	45	17	120	123	1905	765	5192
Totals	5130	5057	5084	5054	4894	4808	515	301	2569	2752	36164	15346	100260

^{*} Defective Teeth not included.

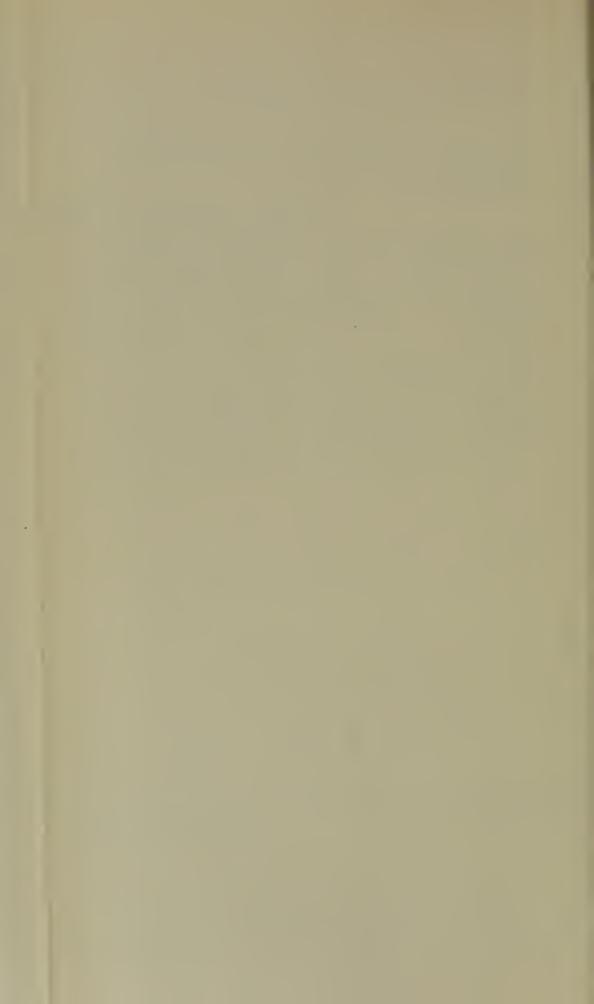


TABLE B.

SHOWING THE REMEDIAL MEASURES INSTITUTED.

					C	LEANL	INESS.			1		Con	DITION	of Skii	N.				3	Nose.	-	Т	нкоат.		Lymi	hatic	Exter	nal	Courin	-	Vision.	D	Ear	Hearin	ng. H	leart an	d L	ungs.	Nerve Syste	ous	Tuber- culosis (Non-Pul	Con	ther ditions	₩.Đ	lren ion.	of ied.	ns
SCHOOL	Cloth an Foots	i		Head				Bod				(Cook		Othe Diseas	r	UTRITIO		Nasal struct &c.	ion,	Tonsils	s. A	denoids		nds.	Eye Disea	se.	Squin		v isioii.	W	oiseases, Vax, &c.			irculatio	on		- Syste	-	monary)			fumber o n Notifie	of Chile	Number ons Notil	Conditio medied.
MANAGEMENT			Nits & I	oirty.	Lic	e	Nits &	Dirty.	Lice	:. I	mpetigo	o. Kin	gworm	Scab	Ti	Discas	- - -		-	.	- -	. 7	uc .	I.		ied.	G.	ied.	Ġ.	lied.	g.	ion.	died.	ed.	died.	ed.	ed.	died.	ed.	died.	ied.	ied.	died.	Total N Childre	Number Receivir	Total	Total Re
COMMITTES	otified.	emedied.	otified.	emedied	fotified.	Remedied	Votified.	temedied	Votified.	Remedied	Notified.	Remediec Notified.	Remedie	Notified.	Remedie	Notified.	Remedie	Notified	Remedie	To the second	Remedi	Notified Receive	Medical	Notified Remedi	Notified	Remed	Notifie	Remed	Notifie	Remed	Receiv	Attent	Reme	Notifi	Reme	Notifi	Notifi	Кеше	Notifi	Reme	Notif	Notif	Reme	———	Re	` ö	
	- Z		z	~						-				-					-		-		10	12 6	6 2	2	2	1	5	4	52	46	4 2	_	-	5 -	- 1	1 -	-	-	- -	- 2	2	109	73	138	86
NUMBER 1	3	2	11	5	6	3	1	1	-	-	-	- -	- -	1-	-	-		- -	-	1	2	33	19	18 13	2 1	1	12	10	17	14	77	72	9 7	-	-	5	1 6	5 5	1	1	- -	- 7	1	210	149	278	204
., 2.	1 2	-	27	19	23	18	6	2	10	6	6	6 -	- 1	10	6	5	3		_ /	1	1	62	41	30 17	7 7	7	9	8	27	22 1	144 1	.30	7 3	5	1	11	5 2	2 2	2	-	- -	- 14	10	314	253	405	310 672
,, 3.	3	2	40	31	22	17	8	4	8	5	1	1 -		17	11	35	26	_		16	11	71	46	51 33	3 5	3	84	71	62	43 2	237 1	.64 3	35 29	1	1	17	6 31	1 19	2	-	2 -	19	11	742 557	403	879	658
,, 4.	6	5	97	50	89	42	73	52	36 27	26	67	57	3 1	11	11	53	44	2	2	13	7	81	43	38 20	6 0	6	68	65	36	32 1	115	86 2	26 24	1	1	31 1	18 9	9 7	-	2	9	5 40	19	1832	1067	2451	1528
,, 5.	59	53	72	56 257	170	35	119	82	72	56	90	73 -	_ _	. 16	13	34	24	3	1	13	6	328	144 1	40 69	9 24	16	193	129	117	65 5	517 3	323 5	55 43	8	_	32 1	18 8	8 8	8	3	_ _	- 30	13	678	499	974	686
,, 6.	56 32		356	257	59	44	42	26	34	23	23	19	2 2	1	1	18	15	1	1	9	3	155	89	74 4	15 4	2	50	43	40	34	225 1	100 2	25 20	1		21 1	16	6 5	1	1	3	2 13	8	564	390	800	555
., 7.	22		96	84	51	42	37	26	20	17	38	32	i 1	1	1	14	13	1	- 1	5	4	117	45	54 2	23 7	25	78	84	57	43	224 1	177 10	08 92	5	3	95 6	8 28	8 26	11	7	2	1 80	48	1257	940	1659	1219
,, 3.	66	}	166	92	98	68	40	27	75	47	95	80	3 3	16	15	71	66	13	13	12	9	223	101	22 1	13 11	9	70	60	55	34	186 1	138 3	36 34	2	1	36 2	24 1	4 13	2	2	3	2 64	41	786	593	1024	783
,, 10.	30	25	123	92	86	71	30	25	40	28	25	23	2	2 8	7	29	29	2	1	11	8	137	98	73 5	56 20	12	138	111	82	56	321 2	250 7	75 60	6	-	89	71 20	0 19	3	2	8	5 96	63	1267	916	1866	1377
,, 11.	100	85	184	122	122	84	124	86	85	50	83	68	4	2 27	21	103	41	11	11	16	6	77	33	50 2	20 11	5	132	97	97	65	373 2	255 5	58 44	1	-	22	7 14	10	4	2	3 -	- 23 - 37	7	1264	953	1700	1201
,, 12.	8	6	98	69	79	52	51	25	49	33	107	82	2	1 17	14	67	59	2		18	9	178	109	88 5	57 3	2	96	69	86	65	578 4	170	76 53	10	1	27	9 8	8 2	6	1	2 -	17	6	532	315	765	457
,, 13.	32	21	164	112	104			31	55	14	25	23		_ 2	2	21	12	_	_	9	5	129	40	58 2	23 6	3	73	59	28	22	139	79	25 19	6	3	28 1	5 2	1	3								
,, 14.	9	6	83	63	56	39	24	19	18	17				4	1						-					0.5	1104	874	746	524 3	339 2	467 56	60 440	48	13	467 29	94 17	8 138	51	24	34 1	7 472	265	11095	7712	15346	10653
Total	428	337	1621	1136	1020	689	632	427	529	358	652	527	17 1	2 129	105	502	418	36	29	134	75	1760	964	749 42	22 138	98	1104	6/4	7-10																		



REPORT ON VISUAL TREATMENT.

The work at the visual clinics continues to be efficiently carried out and the attendance of patients shows no signs of diminishing. The close co-operation that has been established between the ophthalmic clinics and the minor ailments clinics is proving of great value in that certain stubborn cases of external eye disease are referred to the ophthalmic surgeons for their opinion and advice whilst, on the other hand, the ophthalmic surgeons refer certain of their patients who require protracted treatment to the minor ailments clinics with the knowledge that what they have prescribed will be regularly and skilfully carried out. Thus, long-standing cases of corneal opacities which, in pre-clinic days, failed to clear up because of the perfunctory treatment carried out at home are now reacting satisfactorily to the regular treatment at the minor ailments clinics.

Similarly, at the clinics attached to the special schools excellent results have been obtained in certain chronic forms of eye disease where the treatment has been directed by the visiting ophthalmic surgeon.

As formerly, all pupils in attendance at the special classes for high myopic children are regularly examined by one of the ophthalmic surgeons and instructions given to the teacher as to lessening or increasing the amount of "eye work" of each child. A most gratifying feature of this expert care of these myopes is that, in the great majority of cases, the myopia has become definitely arrested and in not a few quite appreciably lessened. In fact, during the present session two cases of very high myopia who had been under special instruction in one of the myope classes for a few years had improved so definitely that they were permitted to resume ordinary school attendance.

The attendance of the parents at the visual clinics continues to be highly satisfactory and, without doubt, there is a marked awakening of parental interest in the eyesight of their children. Nor is there nearly the same opposition on the part of the children to the wearing of glasses and much more care is being taken of the spectacles. Similarly, squinting in children—which at one time was looked upon with a good deal of complacency by parents—is now being recognised as a severe handicap to a child's future, both from the practical and cosmetic point of view, and parents are now anxious that treatment, even to the extent of operation, should be given at the earliest possible moment. It was formerly the belief that operation on a squinting eye merely corrected the deformity but did not materially improve the vision, but this has been definitely proved to be an erroneous idea as was pointed out by one of the Committee's ophthalmic surgeons in a former report. Consequently, it is with considerable hope that operation can now be recommended not merely for the removing of a disfiguring defect but for the restoring of vision to the squinting eye. It has been the regular practice of all members of the school medical staff to persuade parents to have their squinting children placed under the care of the ophthalmic surgeons without delay and a perusal of the accompanying visual table (Table D.) will show the excellent response which has been made by the parents, no fewer than 708 cases of squint having been treated at the various visual clinics.

The total number of children treated by the eye specialists throughout the session for defective vision amounted to 3,171, and the number re-examined by them was 4,947.

The following reports for the year ending 31st July, 1932, have been received from the Committee's ophthalmic surgeons:

(DR. ERNEST THOMSON).

CENTRES:

Airdrie, Bishopbriggs, Chryston and Drumpark Special School.

The usual statistics will be found in the Tables dealing with ophthalmic treatment. In the Centres under the writer's care the year has been singularly wanting in cases of particular interest, a fact which is all to the good as regards the young patients but which leaves the ophthalmic surgeon with little to comment upon.

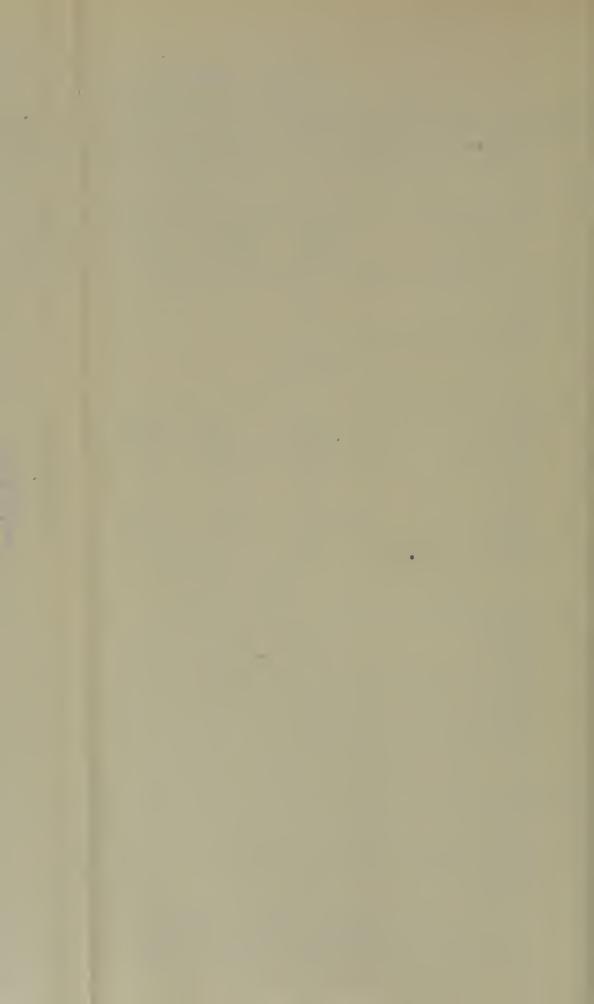
But there is one subject upon which a few words may be said, namely, the administration of ophthalmic treatment by the Education Committee of this County. It may fairly be claimed that the County of Lanark is ahead of many other counties and cities in the Kingdom in the matter of the treatment of school children, certainly of ophthalmic treatment. In fact, a reference to the figures given for London (Lancet, December 26th, 1931, page 1419) with some 8,000,000 inhabitants and to the Lanarkshire figures seems to show that, in proportion to population, this county is ahead of London in the relative number of eye cases treated. That this county is well in the van is indicated by the fact that the Council of the Ophthalmological Society of the United Kingdom last year requested the writer to discuss school ophthalmic clinics. This was too wide a field for the writer's knowledge, but in the end the subject was restricted to the Lanarkshire Clinics. Therefore, at the recent meeting of the Society in Edinburgh the whole detail of the organisation and administration of the Lanarkshire Clinics was explained. Sample copies of nearly all the forms and cards employed were shown and the various methods of orderly procedure enlarged upon. The medical officers of the Education Committee of this county have never been given to enlarging upon their methods in the columns of the medical press but to judge by the reception given to and the interest taken in the methods adopted to secure efficiency, the county may claim to be a leading authority on "how to do it."

It has always seemed to the writer that the main secret of efficiency in this work lies in the revisiting and following up of

VISUAL TREATMENT.

TABLE C.—Showing (a) Total Number of Cases Examined; (b) Number Revisited; (c) Total Attendances at Clinic; (d) Number Treated by Glasses; (e) Number Treated Otherwise or Advised; (f) Number Uncompleted and not requiring Treatment. Year ended 31st July, 1932.

TREATMENT CENTRE.	Number of Children Examined.	Number of Children Revisited.	Total Attendances.	Number for whom Spectacles were prescribed.	Number Treated otherwise or Advised.	Cases uncompleted and Cases not requiring Treatment.
Dr. ERNEST THOMSON. Airdrie Cadder (Bishopbriggs and Chryston) Drumpark Special School	254 51 34	381 70 75	635 121 109	223 44 24	31 7 10	
Dr. John A. Mortimer. Blantyre Carluke East Kilbride Lanark Larkhall Shotts Strathaven Uddingston Wishaw Knowetop Special School	68 64 17 140 156 97 36 106 246 23	147 86 23 127 133 118 47 153 402 48	215 150 40 267 289 215 83 259 648 71	58 56 17 116 138 79 28 95 216 19	10 8 	1
Dr. H. Somerville Martyn. Abington Baillieston Bellshill Cambuslang Carnwath Lesmahagow Rutherglen Dalton Special School	6 110 234 32 134 26 62 183 9	4 211 390 16 399 32 81 381 28	10 321 624 48 533 58 143 564 37	3 94 197 25 113 21 52 157 9	14 30 4 14 4 8 18	3 2 7 3 7 1 2 8
Dr. James A. Wilson. Motherwell	409	457	866	363	25	21
Dr. James R. Watson. Coatbridge Hamilton	270 404	465 673	735 1077	258 391	12 13	_
Total	3171	4947	8118	2796	320	55



VISUAL TREATMENT.

Table showing Conditions, other than Refraction Errors, whether Treated or Advised.

							1			T						1		1					- 110	uviseu	•								
	CLINIC.		(Convergent)	Squint (Divergent).		Corneal Opacity	Blepharitis and Conjunctivitis.		Phlyctenular Conjunctivitis.	Cataract		Nystagmus.	Cboroido-Retinal Changes (Myopic)		Do. other than Myopic.	Coloboma of Optic Nerve	Keratitis.	Congenital Dislocation of Lenses.	Hordeolum.	Optic Atrophy.	Ptosis.		Pseudo Neuritis.	Trachoma.	Sequelae of Iritis.	Vitreous Opacities.	Coloboma of Iris	and Choroid.	Leucoma Adherens.	Detachment of Retina.	Squint (Alternating).	Pupillary Memb.	cular Palsy.
D	r. Ernest Thomson	ļ——					20,3. 0	TIS. DO	ys. Onis.	Boys.	GIFIS. B	oys. Girl	s. Boys. Gi	rls. Bo	ys. Girls.	Boys, Girls	Boys. Girls	Boys. Girls.	Boys. Gir	ls. Boys. Girl	s. Boys. G	irls. Boy	s. Girls.	Boys. Girls.	Boys. Gir!	s. Boys. Gi	rls. Boys. (Girls. Bo	ys. Girls.	Boys, Girls	Bose Gir	D. Paus Ci	ls. Boys, Girls,
	Airdrie Cadder (Bishopbriggs and Chryston) Drumpark Special School	28	4	1 - - 1 - 1	!	6		- -	 2 _ 2	-	- -	$\frac{1}{3}$ $\frac{1}{2}$	4		- 1 1 1 	= = 			1 1			_ _			 			_ _			2 2		s. Boys, Girls.
D:	r. John A. Mortimer.																											_ '	' -				
	Blantyre Carluke	8	11 5	1 — 1 —	1	5 1	1	$\begin{bmatrix} 2 \\ - \end{bmatrix}$		1				- (:	ı —	= =						_ _	_										
	East Kilbride Lanark	10	$\frac{2}{3}$	- -	1 4		$\frac{1}{2}$	- -	- -	_		- <u>-</u>		- -		= =	$\begin{bmatrix} - & 1 \\ - & - \end{bmatrix}$				1				I —	= =		- -	-	1 —	$\begin{vmatrix} 2 & 1 \\ - & - \end{vmatrix}$		
ю	Larkhall Shotts	7	21 11	- -	3	-		4 -		i	_/_	$\frac{1}{3} - \frac{1}{1}$		- -									- 1			<u> </u>	1 -	_ _ _ I	_		$\frac{1}{2}$		
п	Strathaven Uddingston	7	4 9		$-\frac{1}{2}$	$-\frac{1}{2}$	 1 -	1 -		_	1	2 <u> </u>								— 1 — —			1 -		_ 1			_ -	-		1 1		
и	Wishaw Knowetop Special School	11 5	$\begin{bmatrix} 22 \\ 3 \end{bmatrix}$	_ I	4 4	8 2	5 -	_ _		_	$\begin{bmatrix} 2\\1 \end{bmatrix}$	$\frac{1}{2}$ —		-	- 1					1 0		- î	- 1		_ 1						$\frac{-}{2}$		
			٠			İ						•	}	1						<u> </u>		-	- -		_ 2			_ _			$\frac{2}{-}$ $\frac{1}{-}$		
Di	r. H. Somerville Martyn. Abington	_	_		_	_		_ _				1 —																					
		14 24	11 23	$\begin{array}{ccc} 1 & - \\ 1 & 2 \end{array}$	9			4 -		1 - 2 -	- -	1 1 - 2		1	2													_ _	_			$\left \frac{1}{2} \right $	
ų.	Biggar Cambuslang	15	3 14		$\begin{vmatrix} 2\\3 \end{vmatrix}$		3	1 -		I -	3 -	- <u>-</u>			1 3		$\begin{bmatrix} \frac{2}{7} & \frac{2}{7} \\ \frac{2}{7} & \frac{1}{7} \end{bmatrix}$	1			1 -	1 1	- -					- -			5 4	$\begin{bmatrix} 2 & 1 \\ - & 1 \end{bmatrix}$	
0	Carnwath Lesmahagow Ruthergien	6	6	$\frac{-}{-}$ $\frac{-}{1}$		=)		$\frac{1}{3} \frac{1}{2}$		1 -	_ _	_			-1		$\begin{bmatrix} \frac{2}{3} & \frac{1}{3} \\ \frac{1}{3} & \frac{1}{3} \end{bmatrix}$					_ 1	2 -		_ I			_ _	_ :		3 1	$\begin{bmatrix} - & - \\ - & 3 \\ - & 1 \end{bmatrix}$	
0	Rutherglen Dalton Special School	9	17		4	7	5 -	$\begin{bmatrix} 6 \\ - \end{bmatrix} \begin{bmatrix} 1 \\ - \end{bmatrix}$	$\begin{bmatrix} 2 \\ 2 \end{bmatrix}$	6 -	2 1	2 -	= =	-	- 1				1	4 -	= =	- -	$\begin{bmatrix} 2 & -1 \\ 1 & -1 \end{bmatrix}$				1 -		_ -		$\frac{1}{2} - \frac{1}{4}$	$\begin{bmatrix} - & 1 \\ 1 & - \\ 3 & 4 \end{bmatrix}$	
Di	r. James A. Wilson.										1			1									_ -					- -	- -				
2.	Motherwell	48	46	_ 2	_	4	1 ;	3	.)[_	1 1			1-	_	_ 1					1 1												
D	r. James R. Watson.		3								1										1 1	-	- -		— I			- 1	- -		— 3	-	
	Coatbridge	42	29	$\begin{array}{ccc} 1 & - \\ 2 & 1 \end{array}$	2	3	10 8	8 —	1		- -			V-	-11						,	1		1					Ĭ				
										10 1		- 1			_					_ =			-1-	/		= =	= =	-	=		$\begin{bmatrix} 3 & 3 \\ 3 & 3 \end{bmatrix}$		
-			12		43	03	<i>39</i> 38	9 4	12	16 1	2 16	14	8 3	6	15	_ 1	4 6		1 2	12 5	5 2	4	7		3 6	- 1	2 1	3		1 — ;	31 27	6 10	



VISUAL TREATMENT.

TABLE E.

Showing the nature of the Refraction Error in those cases treated by Spectacles, and the Number of Cases Examined.

																	1													
CLINIC.		Hyperm	etropia.		Hyp (Si	ermetropi mple and	2 pic Astigma d Compoun	atism nd).		Мус	opia.		(Si	Myopic As mple and	stigmatisi Compou	n nd).			5 stigmatism.	,	Eyes no too !	ot Requiri Defective	ing Corre for Corre	ction or		Cases not	7 Complete	èd.	Te	OTAL.
Dr. Ernest Thomson.	Boy R.	ys. L.	R.	irls. L.	R. Boy	ys. L.	Gi: R.	Firls. L.	Bog R.	bys. L.	Gi R.	irls. L.	R. Bo	ys. L.	R.	irls. L.	R. Bo	oys. L.	Gir R.	irls. L.	R.	ys. L.	Gi R.	irls.	Bo	oys. L,	Gi R.	Girls.	Boys.	Girls.
Airdrie Cadder (Bishopbriggs and Chryston)	42 7	43 7	34 9	39 12	38 5	38 3	41 6	40 3	10 6	8	15 7	13 6	6	7	15 2	14 2	9 2	6 3	16 2	16 3	12 2	15 5	16	15 2		_	—	- L.	117	137
Drumpark Special School	4	4	4	4	5	5	1	1	5	6	3	3	-	-	1	1	<u> </u>	_	1	1	5	4	5	5					23	28 15
Total	53	54	47	55	48	46	48	44	21	18	25	22	7	8 .	18	17	11	9	19	20	19	24	23	22					159	180
Dr. John A. Mortimer. Blantyre	8	9	7	9	16	14	15	10	1	1	2	2	1	1	3	9	0	,						22					159	180
Carluke East Kilbride	19 3	18 4	13	11	7 4	8	11	13	-	-	3	2		_	1	3	1	1	3	5 2	$\begin{vmatrix} 3\\2 \end{vmatrix}$	$\frac{3}{2}$	6	7 6		_			32 29	36 35
Lanark Larkhall	12 22	18 18	9 15	12 13	29 26	25 29	32 41	31 45	7 2	7 2	5 7	5	7 8	8	6	6	4	4	5	4	13	10	11	10	_	_	_		10 72	7 68
Shotts Strathaven	8 5	9 3	15 4	16 6	15	15 3	25 13	22 12	4 3	$\frac{\overline{3}}{2}$	2	3	2	3	5	3	2	3	8	8	9 7	7 5	8	9 11	_	_			70 38	86 59
Uddingston Wishaw	10 19	12 2 0	22 39	19 37	12 50	9 52	27 55	31 54	3 9	3 10	4 10	4 8	7 10	6 9	5 8	4	2	2	1 5	5	3 4	5 6	3 4	$\frac{2}{4}$	1	<u> </u>	_		14 39	22 67
Knowetop Special School,	5	5	2	3	2	4		2	1	1	3	3	2	1	1	12	2	4	12	10 1	13	14 1	13 3	16 1	_	_	_		109 12	137 11
Total	111	116	126	127	162	163	227	226	31	30	36	33	39	37	37	36	27	25	42	40	54	53	60	66	1	1	_		425	528
Dr. H. Somerville Martyn. Abington	_	_	_		3	3		_																						
Baillieston Bellshill	14 22	16 21	11 36	7 30	21 29	20 39	18 54	23 64	3	2	4	4	5	6	8	8	7	6	3	$\frac{}{2}$	7	7	7	7	3	3	$\frac{}{2}$	$\frac{}{2}$	6 57	 53
Biggar Cambuslang	3 14	2 11	4 29	4 28	9 23	8 23	5 26	5 28	$\frac{3}{2}$	1	1	_	-	1	1	2	16	9 2	13	10	17 2	17 2	13 2	13 2	3 3	3 3	4	4	99	135 13
Carnwath Lesmahagow	3 5	7 3	3 9	2 8	6 8	2 2 7	3 12	4 14	1	1	-	$\frac{-}{2}$	1	$\frac{2}{2}$	6	6	3 3	7 2	7 1	7	$\frac{2}{-}$	2	12 4	12	3	3	4	4	49	85 11
Rutherglen Dalton Special School	22 1	24	27	25	25	24 2	38	43	8	5	6	5	11	3 14	6 7	6 8	1 5	3 4	6 8	5 5	3 8	3 8	5 10	5 10	2 4	$\frac{2}{4}$	<u> </u>	$-\frac{1}{4}$	22 83	40 100
Total	84	84	119	104	126	128	158	183	21	16	21	17		-	2	2	1	1	_	_			_	_					4	5
Dr. James A. Wilson.				101	120	120	130	100	21	16	21	17	29	34	39	41	36	34	38	30	39	39	53	53	19	19	14	14	354	442
Motherwell	62	64	78	81	67	65	89	86	20	16	19	13	9	15	22	23	6	4	10	14	14	14	13	14	_	_	_		178	231
Dr. James R. Watson. Coatbridge	25	38	34	23	52	47	40	60	18	17	9	9	10	10	19	10	20	00	20	22		2	_		-					
Hamilton	45	44	44	43	73	80	75	85	12	20	25	23	20	17	12 20	12 20	28 38	22 28	30 41	22 32	6	6 5	5 5	7	_	_	_		140 194	130 210
Total	70	82	78	66	125	127	115	145	30	37	34	32	30	27	32	32	66	50	71	54	13	11	10	11	_	_	_	- 1	334	340
														-		- 11								. 9						

NOTE.—All the cases examined are included in this Table, whether Spectacles were prescribed or not. If no Spectacles were prescribed, the eyes are recorded in one or other of the Columns 6 or 7.



children who have been treated for visual defect. If any Authority or Committee desire to test the truth of this let a period of systematic revisiting of all optically treated cases be embarked upon. The mistakes of the optician, of the child, of the parent, of the teacher and of the ophthalmic surgeon himself will all show up with disconcerting distinctness at the revisit. Mistakes and errors of judgment may occur at any point and it is idle to deny such liability to err. Therefore, if mistakes may occur the best thing to do is to correct them as soon as possible. This is what the revisit does, for the ophthalmic surgeon will find that here and there he has been wrong, that here and there spectacles are defective in various possible ways, that the child is not wearing glasses constantly (which in nine cases out of ten he should do), that the parent is not using sufficient authority over the child's neglect or carelessness, or that the teacher is under a misapprehension as to the ability of the child, in certain cases, to do full work. To the ophthalmic surgeon the revisit is apt to be the most tiresome part of his work, for it means finding fault with a number of people; but that is what he is there for; he must not be content to let things slide if he aims at getting proper value for the work done.

The expense of revisiting every child need never be grudged, for, indeed, money is thrown away if revisiting is not done. It is not in human nature to put faith in any one who is not in earnest. Half-heartedness on the part of an authority—whether or not spelled with a capital A—means half-heartedness on the part of the person over whom the authority should be exercised. If it is a matter of indifference whether a child's visual defect is properly corrected or not, whether the glasses are worn or not, whether the glasses are allowed to be in a derelict condition or not, then the money spent on the child is thrown away; in most instances it is public money.

At the meeting in Edinburgh, to which reference has been made, particular interest was taken in the various printed forms and cards used by the Education Committee of this county in order to minimise the risk of mistakes and misunderstandings as between the medical officers, the parents and the head teachers. A limited number of sets of forms and cards was handed round the meeting and several members interested in this particular kind of work asked to be allowed to take away these forms as a guide to their own work in the sphere of School Ophthalmic Treatment. It is notorious that in the days before the County scheme of treatment, when individual School Boards were making the initial attempts to work the 1913 Act, confusion sometimes prevailed. Such confusion as occurred, for instance, when the Clerk to the Board summoned many times the number of children that an ophthalmic surgeon could attend to at a sitting was the result of insufficient organisation. There is no excuse for such happenings to-day. The present high degree of organisation ensures satisfaction not only to every reasonably-minded parent but also to the general body of ratepayers who know, or ought to know, that when they are taxed for ophthalmic and other treatment they are taxed for a distinct asset—the well-being of the children in their county.

(Dr. JOHN A. MORTIMER).

CENTRES:

Blantyre, Carluke, East Kilbride, Lanark, Larkhall, Shotts, Strathaven, Uddingston, Wishaw.

The appended tables and summary for the past year show that the excellent response to ophthalmic examination and treatment continues to be well maintained. During the past session in the above areas 953 children were examined and treated, and 1,284 were revisited. It is noticeable that the preponderance of girls over boys requiring ophthalmic treatment still continues, there being 103 more girls than boys.

In surveying this summary the writer would like to say a few words on the following points of interest which occurred to him during the current year. First.—That though it becomes harder to say anything new owing to the types of cases examined from year to year being, in the main, of a similar nature, yet statistics of their groups over a period of years are of great value in furthering knowledge as to their origin and, subsequently, to advancement in prevention, the result being that the youth of to-morrow should pass out into the stream of life more useful members than the youth of yesterday. Second.—That the value of revisiting all cases is very great, in that it showed the general marked improvement in vision and symptoms. It allows one to follow up and keep in touch specially with those who have myopia, squint and high degrees of astigmatism, so that, from time to time, any alteration can be made on their spectacles. The growing eye examined from time to time may show considerable alteration both as regards sphere and cylinder, the astigmatism may alter in amount and direction and in most cases equilibrium is not reached until growth ceases. Third.—The importance of periodic revisiting of myopic children and those showing very defective vision from other causes, also the great asset of the Education Committee's education of these children in myope classes in special schools cannot be overestimated. It is during infancy and school life that the onset of eve trouble commences in a relatively large number of blind persons. In infancy the causes of blindness are obviously due chiefly to congenital defects and ophthalmia neonatorum. Between 5-15 years of age is the period during which the largest number of cases develop the disease which finally results in blindness. This feature is explained by the fact that myopia is such an important cause of blindness (17 per cent. of all cases). To quote statistics from a recent report of the Glasgow Clinic for certification of the blind (in which the writer is one of the certifying surgeons) "Myopia has been found to be the highest individual cause of blindness (249 out of 1460 cases of certified blind persons, or 17 per cent.)." It is interesting to enumerate the complications of myopia recorded in these statistics:—Out of 249 certified blind cases of myopia there were Corneal Opacities 5, Sequelae of Iritis 4, Secondary Cataract 55, Detachment of the Retina 34, Choroidal Atrophy 146, Optic Nerve Atrophy 3, Phthisis Bulbi 1, others 1, also a high incidence of positive serological tests for Syphilis, 10%. What an array of mischief! When one takes into consideration the comparatively large number of people who have varying degrees of deficient vision

from this affection, from fairly good to very poor and with, perhaps blindness in one eye, and yet outwith the blind category, it makes one pause and think. Although in the present state of our knowledge myopia cannot be prevented, yet by skilled and timely treatment blindness can be postponed and not infrequently combated. The essence of the various reports of the Education Committee's ophthalmic surgeons during the past years is to draw attention to the advantages to be gained by making full use of the excellently organised facilities for alleviating and checking the development of eye disease in our future workers during the earlier years of their lives.

During the year several cases have been operated on for cataract, squint, and other affections, also several cases of an interesting nature have been investigated at the Glasgow Eye Infirmary by the writer. These special facilities, such as examination of the visual fields, blood, urine, X-ray of the head and nasal accessory sinuses, and neurological examination, are made use of for treatment and are not available at the school clinics.

(Dr. H. SOMERVILLE MARTYN).

CENTRES:

Abington, Baillieston, Bellshill, Biggar, Cambuslang, Carnwath, Lesmahagow and Rutherglen.

The appended tables give details of the cases examined. I desire to comment especially, for once, on "Conditions other than Refractive Errors." The number of such cases is, approximately, one half the number of refraction errors and may be sub-divided into "External" and "Internal," i.e., cases of abnormality or disease occurring outside the eyeball and cases occurring inside the eyeball. The external conditions are, in the main (with the exception of "squint" which accounts for a large proportion) dealt with at the Minor Ailments Clinics.

The internal, if fewer in number, are, certainly, much more serious and their significance frequently not ascertainable without interrogation of the patient's history of illnesses or family history and further means of investigation than is available at the clinic. But the noting of the slightest abnormality in the appearances of structures inside the eye is of the utmost importance. Perfect familiarity with the normal appearances or variations of the normal in the structures inside the eyeball is acquired only after years of experience with the ophthalmoscope and on its acquisition depends the recognition of the pathological. Let me illustrate some of the problems that confront the ophthalmic surgeon of even lengthy experience.

A small area of chorio-retinal disease, say, is noted. The question at once arises, "Is it active?" If so, what is the cause and how can the disease best be treated? On the correct answers depends, in all probability, the retaining of sight. Or it may be the appearance of the optic disc that calls for consideration. Its edge is not well defined as is the normal and the disc itself rather redder

than normal. Is this merely a slight departure from the normal, signifying possibly the need of suitable glasses? Or is it the early stage of neuritis which, if left unexplored, may result in atrophy and loss of sight? Or the nerve head is well defined in outline, say, but a trifle paler than normal. Is this pallor more apparent than real, is it due to a general anæmia of the body, or is it a commencing atrophy of the optic nerve threatening blindness?

Again, a few yellowish-white spots are seen at the back of the eye. Are they of no real significance as regards vision or are they one of the eye phenomena of serious kidney disease? Or do these yellowish white spots, after urinalysis, render the diagnosis certain, the eye merely telling its part of the story of diabetes?

The immense significance of slight departures from the normal, their timely recognition and adequate investigation is exemplified by a case now under observation. The optic disc of the right eye is slightly oedematous, the left very slightly so; the veins slightly fuller than normal and slightly tortuous; the visual acuity with correcting glasses not quite up to standard. What will the fields of vision indicate? These are taken and found defective on the temporal sides. What will X-ray of the skull reveal? Is the case one of cerebral tumour and the outlook not merely blindness but death? Should operation be advised? If so, when? And which operation?

These are the questions arising in this case from the recognition of a slight departure from the normal appearance. The boy did not complain nor his mother but, on interrogation, the mother states that from being a smart boy he has of late become rather dull. The function of the school ophthalmic surgeon I have heard described as "the prescribing of suitable glasses." The description would appear to be slightly inadequate, in view of the case just recorded, the impending issue of which has prompted these observations.

(DR. JAMES A. WILSON).

CENTRE: Motherwell.

During this session the work of prescribing spectacles for scholars handicapped by defective vision has proceeded satisfactorily. It is well known that the number of scholars requiring spectacles increases during school years and we often ask ourselves what is the cause of this increase. It may, therefore, be excusable to refer briefly to a valuable piece of work done elsewhere, but bearing on this problem, and to attempt to correlate it with the work done here.

In 1925 the Board of Education appointed a committee "To inquire into the factors in childhood leading to the development or aggravation of defective vision and squint." An interesting "Report" has since been issued dealing with the conditions found, after examination, in 2,625 children. It is claimed that these cases were not selected in any way and that they are representative of the total school and pre-school populations.

The oculist in the ordinary work that he does in the school is limited in his opportunities to contribute to these problems, as the material he deals with is selected and from this the obtainable data of general application are scanty.

The eyes of children under five years of age are normally small or hypermetropic, but we know that this hypermetropia varies in amount and although in this age group myopia is rare, still it is found. In the section of the above Report dealing with this age group, 1–5 years, 94 per cent. of the children had hypermetropia (H. & H.A.) in varying amounts and of myopia there was less than one per cent. Turning to some local observations, here are one hundred four-year-old squinters seen in our Child Welfare Centres. One of these children was slightly myopic and the remainder had hypermetropia in varying amounts, thus 21 had 2 D., 25 had 3 D., 32 had 4 D., 17 had 5 D., and 4 had 6 D. of hypermetropia. All these figures convey some indication of the conditions of the children's eyes about the time they come to school. This condition with its inequalities is carried into the school period.

During adolescence the cyeballs tend to enlarge or increase in static refracting power, but they do so in an irregular manner. Growth or increase in size means a lessening of hypermetropia—a desirable change—but when this growth passes a certain "optimum" point myopia is produced—an undesirable change. Occasionally, we have opportunities for observing cases pass from hypermetropia into myopia. Details of these are worth collecting.

Quite a large number of scholars require to be re-examined after intervals of from one to three years, many because they are known to be myopic and others because they have out-grown, or out-worn their spectacles. From records of scholars that have been reexamined during the last eight years I have taken one hundred consecutive cases of hypermetropia and about a similar number of cases of myopia, in order to observe in how many the eyes had not changed and in how many they had enlarged during the interval between the first and second examinations (small amounts-less than one D.—being disregarded). In the hypermetropia group 67 per cent. had remained stationary, while 33 per cent. had progressed. In the myopia group 27 per cent. had remained stationary, while 73 per cent. had progressed. The inequality in these percentages is striking. What is the cause of these changes and their inequality? Is it nature or nurture? Does reading, writing and sewing increase the size of the eyeballs, or increase their static refractory power? Is myopia an adaptation to function? If so, some scholars have their eyes permanently damaged by the process. We read of "School Myopia" and of "School the hot-bed of Myopia." When seeking the cause, or causes, of these changes the two sections should be considered together, for the lessening of hypermetropia and the production and aggravation of myopia are one and the same process, but the production of myopia and its increase is the more important section.

Although the development of myopia is contemporaneous with school work, it does not follow that it is a result of school work. There is not the slightest evidence that the general health is respons-

ible. The environment in which the scholars live and that in which they perform their tasks in this district, are alike, but the uneven results or the conditions found suggest the operation of some other factor or factors. We have evidence of the operation of the factor of heredity, including sex limitation, for girls are more liable to these defects than boys. The "Report" states:- "The incidence and the degree of myopia recorded in individual cases appear rather higher in girls than boys." Similar observations have been recorded here over and over again. If there are several factors, heredity is certainly the important one, but pressure from the muscles that surround and move the eyeballs may be another factor. In some cases school work may be the influence that renders hereditary tendencies manifest, tendencies that might otherwise have remained unexpressed. It is thought that the solution of the problem is to be sought in the schools. If it were possible to examine a number of unselected entrants and to follow them up through school years some valuable information might be obtained.

In the "Report" the average number of cases of myopia among the school boys was 3·3 per cent. and among the school girls 3·8 per cent. Some years ago Dr. H. Wright Thomson made an extensive survey of Glasgow scholars who had defective vision and found 5 per cent. of myopia; but this included mixed astigmatism. These percentages are practically alike and apply to the total school population.

(Dr. JAMES R. WATSON). CENTRES: Coatbridge and Hamilton.

The work at the Hamilton Clinic has been particularly heavy this year, there being 404 new cases examined and 673 revisits, whilst at Coatbridge Clinic there were 270 new cases and 465 revisits.

The particulars to be found in the accompanying tables show that the usual features have been met with, the large preponderance of hypermetropic cases, the comparative scarcity of myopic cases.

It is notable that several cases have shown a transition from hypermetropia to myopia. It is well known that the normal condition at the time of birth is hypermetropia which becomes converted as the child grows to one of emmetropia and that in some cases there is an extension or over-action of this normal process producing a myopia, and absolute emmetropia in a young child may be a stage in the passage to myopia later.

Again, most children of school age who are found defective by the present practice of school examination are hypermetropic and there must be many others who have the lower degrees of hypermetropia who, in spite of the defect, can read $\frac{6}{6}$ (Snellen) and are, consequently, passed as normal and are left uncorrected. According to the present tests, if an eye can read $\frac{6}{6}$ or $\frac{6}{10}$ it is passed as normal, provided there are no subjective symptoms, such as headache, etc., present, yet it *may* be hypermetropic or myopic; if the first it may not matter much, if myopic it may be a serious matter. If a +1

lens were put in front of such an eye, if the eye were hypermetropic it would still read $\frac{6}{6}$ or $\frac{6}{6}$ as well or better; if it were emmetropic or slightly myopic, the reading would be worse—possible much worse in myopia. This procedure might detect some of the cases which at present are missed which would benefit from further examination by retinoscopy and further supervision. If some such suggestion were adopted it is possible that, in time, we might see a reduction in the comparatively large proportion of bad cases especially of myopic and mixed astigmatism.

The revisits continue to prove their usefulness. The glasses are almost always supplied to prescription, the children are gradually improving in their obedience to orders and the parents are, undoubtedly, much more appreciative of the efforts made on behalf of the children than they were some years ago.

REPORT ON DENTAL TREATMENT.

One of the most outstanding features of this session's work is the extraordinary degree of success of the Committee's scheme of dental treatment. The scheme has, indeed, been a success ever since its inauguration and with the passing of the years each successive report shows a definite increase in the numbers of children treated. In the report for 1930-31 it was considered that the apex of treatment had been reached with the present dental staff, when the number of children treated amounted to 20,432, but this year a new record of dental treatment has been established and this notwithstanding the presence of epidemics which affected the attendance of children at the dental clinics. When one considers the actual number treated this year, namely, 22,229, it is evident that there is a widespread appreciation by the parents of the advantages offered by school dentistry and a surprising enthusiasm on the part of the children themselves.

From a survey of the response made in different areas and, indeed, in schools in the same area, it is evident that wherever the treatment is carried out at the actual schools attended by the patients the numbers accepting treatment are very much greater than when the children are required to attend a central clinic for treatment. Thus, in the rural parts of the county where treatment is invariably carried out at the school attended by the patient the percentage of treatment is exceedingly high, 100 per cent. being not infrequent and 80 and 90 per cent. being a commonplace, whilst in urban areas there is always a high percentage of treatment amongst the pupils of a school in which the dental clinic is situated. A year or two ago in one of the schools in an urban area, where the children had to attend a central clinic, the percentage of children accepting treatment fell as low as 9. Meantime, a new headmaster was appointed to the school and the question of improving the percentage of dental treatment at his school was fully discussed. The headmaster generously offered the use of his own private room the only suitable room available—for the carrying out of the treatment of his pupils. This was gladly accepted and the percentage of treatment at this school has now risen in the very short space of two years from 9 to 50, and an even better percentage is expected in the future.

In another school in one of the burghs where the children had to walk about a mile to a central clinic for treatment the percentage of children accepting treatment was never satisfactory, being in the region of 25-30. An experiment was made during the past session of treating these pupils in their own school and the percentage of children treated immediately rose to 76. These are very convincing figures and fully bear out the writer's contention that, wherever practicable, school dentistry should be carried out in school premises.

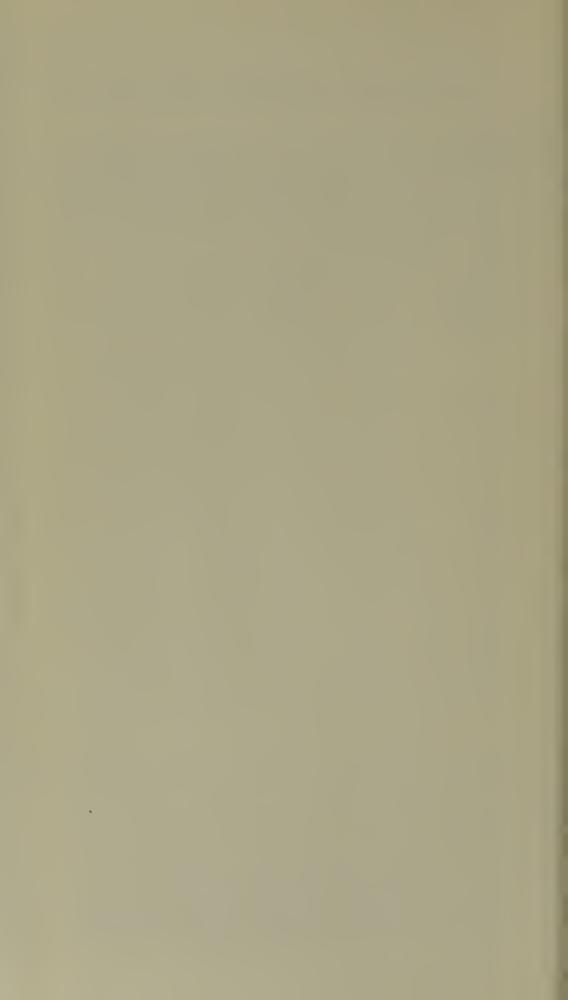
Where there is a central clinic to which children have to travel either by bus or on foot for dental treatment there is not nearly the same enthusiasm displayed by the pupils and, indeed, the number of children who set out from their school for the clinic but who never

ΓABLE F.

DENTAL TREATMENT.

Summary of Work done in the following School Management Areas during the year ended 31st July, 1932.

INSPEC	CTION.						TR	EATME	NT.				No. of	Pupils.
SCHOOL	of d.		ber of		ber of			NATURE	of Tre	ATMENT			sne.	Suc
MANAGEMENT COMMITTEES	Number of Pupils Examined.	to Pa		Trea		Extra	ctions.	Fill	ings	Scaling.	Dressing.	Cleaning.	Necessitous.	Partly Necessitous
	z g	Boys.	Girls.	Boys	Girls.	Temp.	Perm.	Cem.	Amal.	Sca	Dre	Clea	Ž.	Ž.
Number 1	1049	320	337	281	279	868	84	1	213	_	1	_	460	100
. 2	2332	667	715	549	578	1745	89	2	347		4		978	149
3	4085	1150	1196	873	894	2694	311	5	449	4	22	9	1414	353
4	5505	1677	1710	635	704	2044	455	51	366	4	42	51	1119	220
5	3456	929	922	399	385	1025	269	14	180	4	32	74	692	92
., 6	7196	2805	2687	1118	1199	2537	292	73	766	13	120	11	2088	229
7	5778	2115	2171	979	1043	2936	345	204	450	4	46	4	1747	275
, 8	3510	1505	1493	919	902	2514	482	282	933	2	87	71	1686	135
9	7970	2275	2381	1220	1241	3950	536	60	656	54	66	72	1861	600
10	4849	1304	1404	546	625	1777	254	31	289	28	24	26	909	262
11	4549	2065	1993	1117	1195	4326	681	392	1347	7	21	168	2187	125
12	7408	2163	2080	569	596	1561	618	73	256	13	48	90	962	203
13	8666	3007	2948	1158	1221	3796	579	332	264	7	22	5	2042	337
14	3915	1704	1720	488	516	1307	269	132	501	6	29	257	728	276
Тотаі	70268	23686	23757	10851	11378	33080	5264	1652	7017	146	564	838	18873	3356



reach their destination is not inconsiderable. Courage and high resolve have a habit of evaporating en route, a failing not entirely confined to children. Moreover, another great advantage of treating children at their own school is that in the event of there being absentees other children may be immediately submitted in their place and, consequently, there is no waste of the school dentist's time. It is beyond all question that had treatment only been undertaken at central clinics throughout the county the numbers of children treated would have been very far short of what has been attained. Another incontrovertible fact is that the outstanding success of the dental scheme is due to the excellent team work that exists between the dental staff and the various members of the school staffs. This has taken years of steady and patient labour to build up and although it may not yet have attained complete perfection there is ample evidence to show that this will, in time, be accomplished and it would be a thousand pities if anything were done to disturb, in any way, the close co-operation which now exists.

As in former years, all school children from 5 to 12 years, both years inclusive, were examined by the school dentists, pupils above 12 years, including the 16 years old scholars and students in preliminary training, being examined by the school medical officers. Altogether, the total number examined amounted to 70,268, and of these 47,443 were found to require dental treatment, *i.e.*, a percentage of 67.5. This is still a high percentage but it has to be remembered that no dental defect, however slight, is passed over if, in the dentist's opinion, treatment is desirable even though it may not be absolutely essential.

Reference to the accompanying dental statistics (Table F.) will show the close approximation of the two sexes in the matter of dental inefficiency, the number of boys notified being 23,686, and the number of girls 23,757, whilst in the matter of treatment there was also a fair equality of numbers, boys being 10,851 and girls 11,378. The amount of conservative treatment shows a definite increase this year whilst the amount of extraction work is tending slowly, but surely, to diminish. The response given by the various schools in the county has, as formerly, been unequal. In the following summary it has to be remembered that certain schools which this year show an unsatisfactory return were adversely affected by the presence of epidemics at the time when treatment was being carried out, for example, in Larkhall district, Bothwell parish, and Cadder parish. The Secondary schools still show a poor response to the offer of school dentistry although a considerable number of the pupils may have treatment carried out privately following the school dentists' examinations.

The results for the various schools are as follows:—

100 per cent.—Covington P., Crawford P., Daer & Powtrail P., Summit P., Whitecleugh P., Bent P., Blackwood R.C., Hawksland P., Upper Duneaton P., Dolphinton P., Dunsyre P., Haywood P., Wilsontown P., Gilmourton P., Glassford P., Northrigg P., Motherwell R.C. H.G.

90-100 per cent.—Leadhills P., Libberton P., Wiston P., Auchenheath P., Douglas P., Kirkfieldbank P., Kilncadzow P., Smyllum R.C., Tarbrax P., Walston P., Yieldshields P.

80-90 per cent.—Whifflet R.C., Dykehead P. (No. 4 Area), Biggar H.G., Douglas Water P., Pettinain P., Roberton P., Coalburn P., Douglas West P., Auchengray P., Braidwood P., Carstairs P., Forth P., New Lanark P., Forrestfield P.

70–80 per cent.—Cambuslang P., Overtown P., Craigneuk P., Auchentibber P., Carmichael P., Symington P., Blackwood P., Bellfield P., Lesmahagow H.G., Braehead P., Carnwath P., Law P., Newbigging P., Woolfords P., Bargeddie P., Cadder P., Longriggend R.C., Tollcross R.C., St. Vincent's, Tollcross.

60-70 per cent.—St. Augustine's R.C., Knowetop Special, Stane P., Gateside P., Newton R.C., Netherburn P., Swinhill P., Quarter P., Townhead P., Stablestone P., Underbank P., Carluke H.G., Carstairs-Junction P., Lanark Grammar, Lanark R.C., Nemphlar P., Drumclog P., Strathaven Academy, Moffat P., Annathill P., Baillieston R.C., Drumpark Special, Greengairs P., Longriggend P., Riggend P., Whiterigg R.C., Chapelside P.

50-60 per cent.—Cambuslang R.C., West Coats H.G., Greenhill P. (No. 11 Area), Langloan P., St. Patrick's R.C. (No. 11 Area), Allanton P., Berryhill P., Dalziel P., Holytown P., Mossend R.C., Carfin P., Muiredge P., Uddingston R.C., Benhar P., Shottskirk P., Hallside P., Dalton Special, Beechfield P., Dalserf P., Shawsburn P., Abington P., Crawfordjohn P., Lamington P., Waterside P., Carnbroe P., Auchinloch P., Baillieston P., Budhill P., Calderbank P., Gartcosh P., Glenboig P., Glengowan P. (No. 9 Area), Mount Vernon P., Swinton P., Clarkston P.

The schools from which the returns cannot be regarded as satisfactory are:—

20-30 per cent.—Calder P., Knowetop P., Wishaw Central, New Stevenston P., Bothwellhaugh P., Union Street Annexe, Machanhill P., Union Street P., Larkhall R.C., Greenfield P., Glenlee P., St. John's Grammar, Woodside P., Hamilton R.C., Sandford P., Gallowflat P., Chryston H.G., Cardowan R.C., Stepps P., Airdrie Academy.

10-20 per cent.—Rutherglen Academy, Morningside P., Dalziel High School, Glencairn P., Glengowan P. (No. 4 Area), Burnbank R.C.

Under 10 per cent.—Wishaw High, Larkhall Academy, Hamilton Academy.

In regard to the response given by purely urban districts the following percentages of treatment were obtained:—Coatbridge (No. 11 Area), 56.9; Airdrie (No. 10 Area), 43.2; Motherwell and Wishaw (No. 13 Area), 39.9; Rutherglen (No. 14 Area), 29.3; Hamilton (No. 12 Area), 27.5.

The following extracts are taken from the reports submitted by the dental surgeons on the session's work:—

MR. BEATTIE (Avondale, Biggar, Carluke, Carnwath, Dalserf (rural), Douglas, East Kilbride, Glassford, Lanark, Lesmahagow, and Southern districts) comments on the excellent response given to the dental scheme in practically every district of the area under his care, no fewer than 4,144 patients having come forward for

treatment. The treatment was entirely conducted under local anæsthesia, a thing which would have been impossible were it not for the fact that the children were treated at their own schools and so in the atmosphere of the school discipline. In private practice it is probable that general anæsthesia would have been required in a considerable proportion of the cases. The average daily attendance for treatment was 21 which goes to show that the fear of the dental clinic is being lost. Mr. Beattie specially emphasises the great assistance received from the headmasters and other members of the teaching staff and the cordial welcome which is given him at almost every school. He also remarks on the help given by the school janitors who do all in their power to make the room as comfortable as possible for the patients. Mr. Beattie, however, bestows the chief credit on the children themselves for their splendid behaviour when under treatment.

The following is a summary of work done during the past session:—Total number of children treated, 4,144; extractions (temporary teeth), 6,489; extractions (permanent teeth), 536; fillings, 1,148; dressings, scaling, etc., 57.

Mr. Rae (Cambuslang, Coatbridge and Rutherglen districts) in commenting on the work of the session draws attention to the different types of children met with in the course of his work, the children in one of his districts being much more nervous and highly strung than those in his other districts. This nervousness applies also to the parents who attend the clinics with their children and is very difficult to account for although quite marked. comments on the attitude of certain parents who regularly refuse their consent for dental treatment being carried out until the child's aching tooth becomes a disturbing factor in the household. And, then, of course, immediate treatment is demanded. It is very difficult to get this type of parent really interested in their children's dental condition and so long as their own peace and comfort are not disturbed the dental fitness of their children does not really matter. Happily, this type of parent is becoming more rare, although not rapidly so.

Mr. Rae writes of the marked improvement seen in those children who attend regularly each year for treatment and of the gratitude expressed by the parents at having treatment carried out at the school clinic. Certainly, the worst dental conditions discovered at the present day amongst school children are found in those who are entering school for the first time, and this is the definite opinion also of all of the other members of the dental staff. Mr. Rae attributes the unsatisfactory dental state of children to wrong diet and to modern food stuffs and until this is remedied he does not look for permanent improvement in the dental condition either of children or adults.

Notwithstanding his rather pessimistic view he recognises the immense boon that school dentistry is conferring on thousands of children who otherwise would, truly, be left lamenting. Large numbers of parents also recognise this and often where there is a large family which has been regularly treated the parent has

solicited treatment for the younger children not yet of school age. He also appeals to head teachers and class teachers to do all in their power to encourage their pupils to accept the treatment offered.

As Mr. Rae is leaving the school dental service and as this will be his last report he wishes to place on record his obligations to the teaching staffs of the schools and to thank them for the unfailing courtesy he received when visiting the schools. His work was bound to entail disturbance of the regular school routine but the willingness of the teachers to be helpful and the harmony which always existed between them smoothed out the many little difficulties. He will take into his retirement nothing but the happiest recollections of his years of association with the teaching profession.

The following is a summary of the work overtaken during the past session:—Total number of children treated, 3,754; extractions (temporary teeth), 6,744; extractions (permanent teeth), 1,188; fillings, 2,894; scaling, cleaning, etc., 338.

MR. KERR (Bothwell, including Bellshill and Uddingston, Cambuslang (part) and Shotts (part) districts) comments on the steady influx of new patients, especially of those who have previously refused treatment. The older a school child is before he agrees to undergo dental treatment the more difficult, as a rule, he is to deal with, whilst the children who have had regular school dental treatment lose all fear of the dentist and are much more easily managed. Mr. Kerr draws attention to the increased amount of conservative work now being done and the diminishing number of cases where extraction of permanent teeth is necessary and looks forward to the time when extraction work will be reduced to a minimum.

The following is a summary of the work overtaken during the session:—Total number of children treated, 3,625; extractions (temporary teeth), 3,838; extractions (permanent teeth), 442; fillings, 1,607; scaling, cleaning, etc., 232.

MR. WATSON (Cadder, New Monkland (including Airdrie) and Old Monkland (landward districts) remarks on the increased number of pupils coming forward for treatment and especially on the increase of members of the same family. Not infrequently four or five members of the same household all present themselves for dental treatment, with, occasionally, younger members not yet of school This is an excellent object lesson to other parents who still are inclined to look askance on school dentistry. Attendance at the clinics is, naturally, much better when the schools are in session and there tends to be a falling away of the attendance during the school holiday periods, for example, at Easter and Christmas. Parents are still inclined to leave the whole of dental care in the hands of the dentist and are neglectful in supervising the teeth of their children, e.g., by regular brushing, during the intervals of the school dentist's visits. However, septic mouths are becoming very rare amongst the children in school. Mr. Watson draws attention to the enthusiasm of the children themselves and instances the case of a girl who curtailed her holiday in Fifeshire in order to be present

at the clinic for treatment. It would be an excellent thing if some of the enthusiasm apparent in the primary schools could be transferred to the pupils in secondary schools.

The following is a summary of the work undertaken during the session:—Total number of children treated, 3,712; extractions (temporary teeth), 5,874; extractions (permanent teeth), 800; fillings, 1,057; scaling, cleaning, etc., 278.

Mr. Rankin (Blantyre, Hamilton, Larkhall, and Stonehouse districts) in his report on the past session remarks on the almost complete disappearance of oral sepsis amongst school children, a condition which, not so many years ago, was a very common feature in all schools. There is a gradually falling percentage of children requiring extensive dental treatment although the number which still require treatment remains high. The effect of school dentistry, apparently, is not confined to the actual health of the pupils but may have far reaching results. Thus, a Hamilton business gentleman remarked that, in pre-war days (that is, in the days before school dentistry was generally practised) he had the greatest difficulty in engaging sales girls because of their decayed, unsightly teeth, but now he has no difficulty in getting sales girls straight from school with almost perfect mouths.

Mr. Rankin comments on the great assistance he received from headmasters, teachers and janitors, and also from the Matron and staff of Beckford Lodge where much of the dental work is carried out.

The following is a summary of the work overtaken during the session:—Total number of children treated, 3,336; extractions (temporary teeth), 4,395; extractions (permanent teeth), 1,448; fillings, 1,041; scaling, cleaning, etc., 585.

In addition to the foregoing Mr. Rankin treated the following number of pre-school children at Hamilton Child Welfare Clinic by arrangement with the Medical Officer of Health of the Burgh:—Boys, 6: Girls, 7: total teeth extracted, 23.

MISS WATSON (Motherwell, Wishaw and Shotts (part) districts) remarks on the excellent behaviour of the children whilst undergoing treatment. She also draws attention to the considerable number of pupils who have some irregularity of dentition. This, wherever possible, is corrected by judicious extraction and overcrowding is thereby lessened. Miss Watson comments on the increased number of children accepting treatment and, judging from previous statistics, this increase is a steady and progressive one.

The following is a summary of the work undertaken by Miss Watson during the past session:—Total number of children treated, 3,658; extractions (temporary teeth), 5,740; extractions (permanent teeth), 850; fillings, 922; scaling, cleaning, etc., 58.

REPORT ON TREATMENT OF DISEASES OF THE EAR, NOSE AND THROAT.

AT HAMILTON CLINIC:

(DR. JAMES ADAM).

The report on affections of Throat, Nose and Ear for the year ending 31st July, 1932, shows that there were

451 attendances on

154 children and in addition

95 operations under general anæsthesia.

12 were definitely *aural* cases; 8 of them cases of chronic suppuration (all now dry but one long-standing case steadily improving), 4 of them cases of chronic aural catarrh, all much improved as to hearing.

There were 3 cases of asthma, all cured.

There were 8 special nasal cases; 3 cured by cautery. One had his septum resected, one with double maxillary sinusitis underwent operation (general anæsthesia); another with the same and one with atrophic rhinitis refused treatment. A case of rhinorrhæa found to be due to milk was promptly cured by stopping milk. Usually nasal catarrh has ceased after removal of adenoids or of tonsils and adenoids.

In 67 cases tonsils and adenoids were removed, in 30 adenoids alone were removed. Of 22 cases referred for operation this was not considered necessary in 19 as they mostly improved with attention to hygiene and dietary, 3 were postponed because of complications.

For the last twenty years I have been trying to point out that the need for operating on tonsils and adenoids ought to be prevented and, as at the recent Centenary Meeting of the British Medical Association the question was definitely raised, it may be well to review it. Connected with this question is that of end-results.

Early in this year, with the help of Dr. Ann K. Cormack, I re-examined 100 cases that had been operated on at least a year previously. Dr. Kerr Love, acting for Glasgow Corporation and the County of Dumbarton, and Dr. Arbuckle Brown, Deputy Medical Officer of Health, Glasgow, did similar re-examinations in their own spheres, and a joint paper by us appears in the Glasgow Medical Journal. As not only are our findings in substantial agreement but agree also with those of Dr. Alison Glover dealing with school children in London and elsewhere in England—and it is to be noted his angle of approach is that of a physician, not that of a laryngologist—I may confine myself to your own cases.

100 cases came for re-examination in response to an appeal for many more. 71% of them were examined 3-5 years after operation. Adenoids and both tonsils were removed in all except 13. Adenoids and one tonsil were removed in 7; in 6 of these the remaining tonsil remained small and without call for operation, in one (operation at age of 3) the remaining tonsil enlarged and adenoids recurred and a second operation was done. In 6 cases adenoids alone were removed and tonsils have remained small and normal in 5 (2-18)

years after operation). In one case the tonsils were removed later at a mastoid operation not done by me. (In only 2 out of the 30 cases in which adenoids alone were removed during the past year have tonsils required removal later). The inference is clear:— in many cases, properly selected, it is sufficient to remove the adenoids alone. This removes mouth-breathing and so diminishes oral sepsis that the tonsils are able to stand up to their job and do not then enlarge so much as to need removal. Besides, the removal of adenoids alone is, as against the usual "T. & A." operation, a

comparatively painless and simple operation.

In 34% operation was done in the first three years of life, in 55% during the first five, in 72% during the first seven. The call for operation in pre-school years should be interpreted as a call for measures to forestall the need for operation—for ultra-violet treatment (natural or artificial) and for proper dietary (less sloppy and more natural foods, more vitamins, the use of fruit instead of "candies"). This is illustrated in the case of a family of nine children on five of whom I had done the "T. & A." operation between the ages of 3 and 9. The youngest child, aged 3 months, was brought this year to the clinic because it had been a mouth-breather and snorer from the age of two weeks. The mother was treated with blue pill and vitamins and in two months the snoring and mouth-breathing of the child had stopped.

Re-examination of these 100 cases showed:—(1) that if mouth-breathing is to be prevented adenoids should be removed before the end of the 7th year; otherwise the palate becomes high and narrow, the face is deformed and the resulting projection of the upper incisors prevents closure of the lips; (2) that when there has been good closure the teeth have usually been good; (3) that if deafness has been threatening hearing promptly improves after operation on the tonsils and adenoids; (4) that if there has been nasal discharge it usually clears after that operation; and (5) that improvement in general health—in vigour, growth, appetite, peaceful sleep—is practically universal after the operation.

It is doubtful whether there is any surgical operation so immediately and permanently fruitful to general well-being as that for enlarged and diseased tonsils and adenoids. In this connection it is worth note that whereas 15 and 16 years ago 30% of the children referred to me required attention for their ears, this year among a larger number only 7.8% were aural cases and only 5.2% had suppurating ears. This reduction may be partly due to treatment of ears by the school doctors and nurses but is almost certainly

in part due to timeous operation for tonsils and adenoids.

Does operation for removing tonsils and adenoids give protection against infection? The percentage incidence of measles, scarlet fever, whooping cough, pneumonia, rheumatism, diphtheria and adenitis among 87 patients who had undergone the operation and among their 281 brothers and sisters who had not, and the incidence of these diseases in the patients before and after operation, were investigated. The incidence of each of these affections was greater among the patients who required operation. This is rather surprising but agrees with the findings of other investigators. The only safe inference is that children who required operation were less resistant than their fellows. The most striking figure is that whereas

in the unoperated the incidence of rheumatism was 3% in the operated it was 3.4% before operation but 7% after it. The figures show that the presence or absence of enlarged tonsils and adenoids has little effect on the incidence of the infections mentioned, except as regards diphtheria in which case prior operation brightens the prognosis. The incidence of the infections mentioned was found to be the same for houses of one apartment and those of 3 or 4 apartments.

The percentage of school children under your authority referred for "Tonsils and Adenoids" is 6.5%; in London the figure is 6.7%. But in large boarding schools in England it is round about 50%; in candy-fed America it is 61%; there the weekly consumption of cane-sugar is 5 lbs. per head of the whole population, about twice that in this country. Even here about a quarter of a million of tonsillectomies are done yearly. In Munich not more than 0.5% of secondary school children have been tonsillectomised; yet the Germans do not lag in surgery. These figures mean that to attack the problem of enlarged tonsils and adenoids merely by operation is to attack it from the wrong end.

It is always to be remembered that tonsils and adenoids normally enlarge between the ages of 6 and 14, that is, during the eruption of the permanent teeth when normally there is greater liability to oral sepsis, that they normally shrink later, that during the period of enlargement the kind of cells they produce (lymphocytes) are normally in higher percentage in the blood.

To sum up, it is only when tonsils and adenoids are diseased or producing disease that they require operation and then there is no operation more beneficial. The increasing need for operation ought to be prevented by proper hygienic measures.

While 100 cases is a small number whence to make deductions the series is of value because of its support by other investigators; but now that a fairly large number of children of pre-school age have come under the care of your Authority and have passed into the schools it is hoped the investigation will be extended.

AT MOTHERWELL CLINIC:

(DR. R. A. GRAY).

		Under General Anæsthetic.	
No. of necessitous cases treated Tonsils and Adenoids,		202	
No. of necessitous cases treated Diseases of the Ear, No. of necessitous cases treated			
Diseases of the Nose,			
		202	
Total number of attendances of sch Total time occupied by Ear, Nos	se and	d Throat Speci	alist
(approximate number of hou Total time occupied by Anæstheti			
of hours),			96

MINOR AILMENTS CLINICS.

The number of clinics for the treatment of minor ailments remains the same as last year, namely, seven. These are situated at the following centres: Airdrie, Blantyre, Cambuslang, Hamilton, Larkhall, Motherwell, and Rutherglen. The clinic at Airdrie is conducted at the Academy in a building which was formerly used for woodwork instruction; at Blantyre, in the Child Welfare Centre by arrangement with the public health department of the County; at Cambuslang, in Gateside School; at Hamilton, in the clinic at Beckford Street; at Larkhall, in Machanhill School; at Motherwell, in the Carnegie Child Welfare Centre by arrangement with the public health department of the Burgh; at Rutherglen, in Gallow-flat School.

The marked success which has attended this branch of the Committee's scheme of after treatment of school children ever since its inception still continues and, in fact, shows definite evidence of increasing. This is shown by the growing numbers each year of school children who attend the various clinics and by the large number of parents who regularly attend with their children. There has now been established a complete confidence in the treatment given and, indeed, one of the problems of the medical staff is how to impress on the parents that these clinics are not general clinics and that they deal only with minor ailments. All manner of requests for treatment is forthcoming covering extensively the fields both of medical and surgical practice. This is all very flattering and is evidently indicative of the confidence reposed in the skill of the school doctors. Treatment of general illnesses, however, is quite outwith the ambit of a minor ailments clinic and is much more applicable to the dispensaries of a large infirmary or general hospital.

Apart from the curative results achieved at the clinics—and this applies equally to the dental, visual, and nose and throat clinicsthere is an important secondary result, and that is the markedly improved attendance of the children at school. This is vouched for by the head teachers of the schools and one headmaster, in particular, whose average attendance of pupils at school was 95 per cent. for the year, attributed this excellent result entirely to the fact that his pupils were able to receive immediate treatment at the minor ailments clinic, many without loss of school attendance, for conditions which formerly kept the children off school for weeks and, in some instances, for months. Impetigo—that bugbear of teachers who have an anxious eye on their attendance registersis a case in point. What was formerly a prolific cause of absenteeism can be treated as soon as it makes its appearance and the period of absence from school is now only a matter of days, or even, in mild, early cases, of no school absence whatsoever. The threatened outbreak of epidemic conjunctivitis in two districts (referred to elsewhere in this report) was controlled within a comparatively short time by treatment at the clinics, whereas it is within the

writer's knowledge that in pre-clinic days such an outbreak might easily drag on for months. It would be possible to multiply similar beneficial results at great length but a perusal of the accompanying table (Table G.) will show the extent to which advantage is taken of the treatment offered and the nature and variety of the conditions treated.

A very encouraging feature of the clinics is the steadily increasing advantage taken of them by many of the local medical practitioners who refer cases to the school clinics for treatment which, perhaps, they themselves are not in a position to undertake or where the home conditions of the patient are unsatisfactory for the efficient carrying out of the treatment prescribed. This co-operation with the family doctor is a very hopeful sign and should be encouraged by every means possible. It is only by such collaboration between the private practitioner and the public official that real progress can be obtained. The absence of any elaborate formality to be gone through before a child can be treated at any of the clinics, whether minor ailments, dental, visual, or ear, nose and throat, appeals both to parent and doctor, as also the knowledge that, once parental consent is given, treatment will be carried out without vexatious delay.

During the past session the total number of children treated at the minor ailments clinics amounted to 9,138, an increase over last year's figures of 49, the aggregate of attendances made by the patients being 73,225, an increase of 562 ever last year's numbers. At the minor ailments clinics attached to the special schools for invalid children the attendances made by the pupils for treatment during the session amounted to 23,789. These, added to the attendances above mentioned, bring the total number of attendances made at the minor ailments clinics to 97,014, an increase of 3,946 on the figures for the previous year.

The following is a summary of the numbers treated at the various clinics:—

Airdrie Clinic (Dr. Darling)—For eye diseases, 286, with 2,312 attendances; skin diseases, 774, with 4,158 attendances; ear diseases, 98, with 2,493 attendances; nose diseases, 1, with 3 attendances; ringworm, 15, with 57 attendances.

Blantyre Clinic (Dr. Cormack)—Eye diseases, 216, with 1,808 attendances; skin diseases, 805, with 4,347 attendances; ear diseases, 71, with 1,013 attendances; nose diseases, 29, with 457 attendances; ringworm, 11, with 122 attendances.

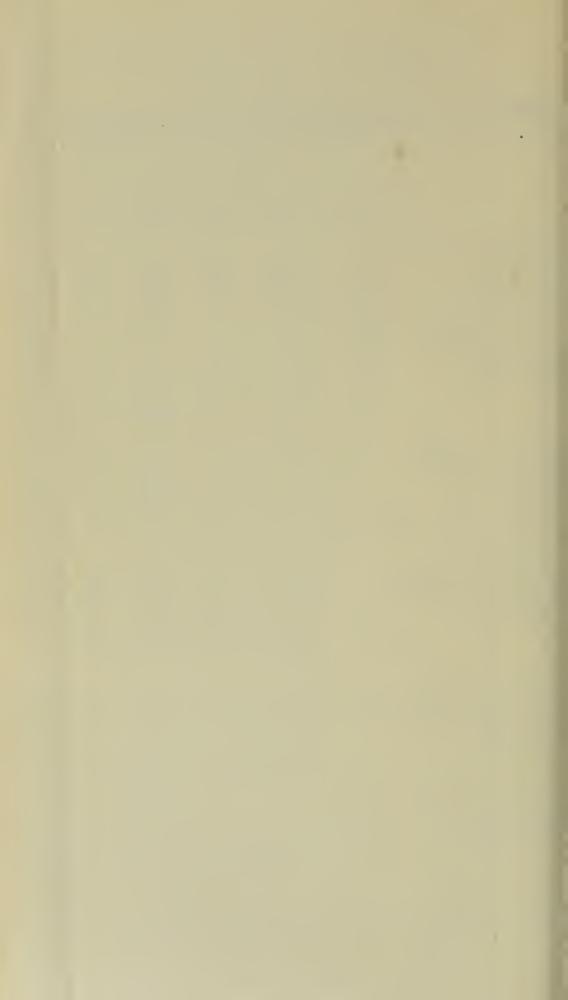
Cambuslang Clinic (Dr. Mackenzie)—Eye diseases, 526, with 5,416 attendances; skin diseases, 866, with 4,565 attendances; ear diseases, 128, with 1,250 attendances; nose diseases, 17, with 141 attendances; ringworm, 7, with 28 attendances.

Hamilton Clinic (Dr. Reekie)—Eye diseases, 365, with 4,949 attendances; skin diseases, 1,120, with 6,335 attendances; ear diseases, 153, with 4,076 attendances; nose diseases, 32, with 556 attendances; ringworm, 21, with 481 attendances.

MINOR AILMENTS.

TABLE G. Showing (a) Number of Children Treated at each clinic; (b) Total Attendances made; (c) Nature of Ailment from which the children suffered.

*	AI	RDRIE (CLINIC	PI A	NTVDE	CLINIC.	01377									WINCH (ne cni	laren su:	ffered.		
				BL	- INTIKE		CAME	3USLANC	G CLINIC.	HAI	MILTON	CLINIC.	LAF	RKHALL	CLINIC.	MOTH	ERWEL	L CLINIC.	RUT	HERGLE:	N CLINIC.
	Boys.	Girls.	Total Attendance.	Boys.	Girls.	Total Attendance.	Boys.	Girls.	Total Attendance.	Boys.	Girls.	Total Attendance.	Boys.	Girls.	Total Attendance.	Boys	Cirls	Total Attendance.	P		Total
DISEASES OF THE EYE— Blepharitis Conjunctivitis Corneal Ulcer Corneal Opacities Ophthalmia and Phlyctenular Conj. Keratitis-Interstitial Hordeolum (Stye) Stillicidium Other Diseases	63 36 11 6 1 	74 36 5 6 1 — 14 — 8	1231 477 164 219 14 — 130 — 77	47 22 3 11 - 1 14 2 6	43 32 13 2 3 13 2 2	1516 352 26 657 13 25 76 17 126	63 107 8 6 12 3 30	71 142 8 6 16 4 27 3 1i	1530 2871 76 250 136 123 115 35 280	74 41 1 11 7 — 20 1	78 59 7 19 21 — 20 3 2	2647 627 54 1160 126 — 210 27 98	49 47 -6 -1 16 1	45 34 2 8 2 1 12 1 4	1449 581 52 536 8 11 175 25	82 12 4 7 - 1 16	77 30 4 2 — 3 15	1682 385 95 100 38 163 1	8 48 78 6 9 8 2 22 2	72 101 14 10 6 4 29	1591 1841 69 830 99 172 179 33
	142	144	2312	106	110	1808	238	288	5416	156	209	4949	120	109	2852	124	136	2507	5 180	7 243	134
DISEASES OF THE SKIN— Impetigo Contagiosa Eczema Alopecia Areata Scabies Pediculosis Capitis, with Impet. Contag	129 14 1 22	144 4 	1717 153 3 281	139 8 1 25	92 22 — 19	1274 347 29 236	120 50 1 11	87 20 2 15	1074 686 19 87	272 51 7 36	161 29 2 31	2439 782 199 394	109 40 1 16	75 19 4 14	1075 438 65 170	149 33 6 32	94 27 1 27	1054 551 65 452	133 48 2 6	91 27 3 23	4948 1138 603 34 117
Pediculosis Capitis Dermatitis Seborrhœica Wounds and Septic Sores Psoriasis Other Skin Diseases	1 239 5 22	131 3 27	1 3 1696 47 257	18 243 2 21	18 157 4 28	375 1582 26 410	6 3 11 268 - 51	11 3 22 136 1 48	94 19 286 1687 10 603	1 6 323 3 19	12 1 4 129 6 27	72 2 38 1942 225 242	$ \begin{array}{r} $	4 1 3 68 — 14	12 2 28 1195 11 214	12 16 161 1 17	31 3 19 94 — 11	193 34 199 1409 5 90	2 1 24 241 3 71	14 4 23 128 3 65	79 32 316 1684 33 843
Diseases of the Ear—	433	341	4158	458	347	4347	521	345	4565	718	402	6335	335	202	3210	427	307	4052	531	381	4879
Chronic Suppurative Inflammation Ceruminous Collection Chronic Catarrh Other Diseases	43 3 - 3	43 5 - 1	2434 39 - 20	35 2 3 2	24 2 1 2	982 13 6 12	48 14 2 15	27 15 2 5	958 127 11 154	83 11 —	58 4 — 13	3873 39 — 164	35 2 - 9	$\frac{20}{1} - \frac{1}{2}$	1497 5 — 168	74 10 1 10	54 9 —	1707 55 12 29	40 25 4 13	41 16 6 13	1192 164 25 264
Diseases of the Nose—	49	49	2493	42	29	1013	79	49	1250	98	75	4076	46	23	1670	95	70	1803	82	76	1645
Nasal Catarrh Nasal Obstruction	_	1	3	10 7	7 5	293 164	11 2	3	105 36	8 8	3 13	163 393	6 12	3 7	232 235	9	19 5	244 41	6	11 5	162 75
Ringworm of Head	_	1	3	17	12	457	13	4	141	16	16	556	18	10	467	12	24	285	7	16	237
Ringworm of Body	10	4	5 52	5	3	87 35	2 4	1	15 13	7 6	4 4	347 134	-	. -	73	_		- 11	$\frac{2}{3}$		5
	10	. 5	57	7	4	122	6	1	28	13	8	481	_	4	73	_	1	11	 5	3	19



Larkhall Clinic (Dr. Reekie)—Eve diseases, 229, with 2,852 attendances; skin diseases, 537, with 3,210 attendances; ear diseases, 69, with 1,670 attendances; nose diseases, 28, with 467 attendances; ringworm, 8, with 73 attendances.

Motherwell Clinic (Dr. Young)—Eye diseases, 260, with 2,507 attendances; skin diseases, 734, with 4,052 attendances; ear diseases, 165, with 1,803 attendances; nose diseases, 36, with 285 attendances; ringworm, 1, with 11 attendances.

Rutherglen Clinic (Dr. Mackenzie)—Eye diseases, 423, with 4,948 attendances; skin diseases, 912, with 4,879 attendances; ear diseases, 158, with 1,645 attendances; nose diseases, 13, with 237 attendances; ringworm, 8, with 19 attendances.

The accompanying table (Table G.) shows in detail the number of pupils (boys and girls separately) treated, total number of attendances made, and the nature of the ailment from which the children suffered.

The work undertaken at the clinics attached to the special schools is as follows, the figures applying to the number of attendances made:—

Drumpark Special School (Nurse Douglas),	 	11,646
Dalton Special School (Nurse PARK),	 	7,328
Knowetop Special School (Nurse Chislett),	 	4,815

JOHN MACINTYRE, Executive School Medical Officer.

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